



**CHILD CARE AND DEVELOPMENT FUND PLAN**  
**FOR THE STATE OF LOUISIANA**  
**FFY 2008-2009**

This Plan describes the CCDF program to be conducted by the State for the period 10/1/07 – 9/30/09. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

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Public reporting burden for this collection of information is estimated to average 165 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**(Form ACF 118 Approved OMB Number: 0970-0114 expires 06/30/2009)**

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**AMENDMENTS LOG**  
Child Care and Development Services Plan for  
For the period: 10/1/07 – 9/30/09

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF
Renewal Plan	10/1/07	6/18/07	Comments received from ACF on 7-30-07 requesting corrections, clarifications, new market rate survey and resubmittal of Plan in its entirety.
Entire Renewal Plan	10/1/07	9/6/07	9/28/07 – Approval Letter received in Planning via fax on 10/16/07.
3.3.3 Correction made to show that the State chooses to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities	11/1/07	11/8/07 via U. S. Postal Service	
1.8.2 Amended to include that one invoice is selected at random by the parish office and matched to the daily attendance sheet for accuracy  2.1.1 Amended to include that the Quality Rating System (QRS) was implemented statewide effective October 2007  3.1.1 Amended to show that the CCAP 7, Child Care Assistance Certificate, has been revised effective 07/08  3.1.3 Amended to include the	5/1/08	6/26/08	

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<p>requirement of providers to maintain a working telephone in the facility in which child care is being provided</p> <p>3.1.3, 6.3.3, and 6.4.3</p> <p>Amended to include the requirement that FCDCH and In-Home providers to have current Infant/Child/Adult CPR Certification and Pediatric First Aid training</p> <p>3.2</p> <p>Amended to show that the Lead Agency uses its current Market Rate Survey to set payment rates and to remove reference to the 2005 Market Rate Survey</p> <p>3.2A</p> <p>Amended to show revised policy regarding Authorized Rate</p> <p>3.2B</p> <p>Amended to remove Attachment 3.2B Part I, reference to the 2005 Market Rate Survey, and to rename Attachment 3.2B Part II, reference to the 2007 Market Rate Survey, 3.2B Part 1</p> <p>3.3.2</p> <p>Amended to include new income eligibility amounts</p> <p>3.3.4</p> <p>Amended to include that clients are required to select a registered provider to be eligible to receive CCAP</p> <p>Section 3.5.1</p> <p>Amended to include the new sliding fee scale</p>			
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effective May 1, 2008  3.5.3  Amended to include that the poverty level used by the Lead Agency is for a family of 3 is \$1467  4.2, 5.1.3, 5.2.5, 6.6  Amended to show that the name of the DSS Bureau of Licensing was changed to the Child Care Licensing and Regulatory Section  6.3.3A  Amended to show that form CCAP 16C, CCAP Application for Family Child Day Care Home Registration, has been revised effective 05/08			
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**Instructions:**

- 1) Lead Agency completes the first 3 columns and sends a photocopy of this Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional contact. A copy of the Log, showing the latest amendment pending in ACF, is retained in the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.

## **PART 1 ADMINISTRATION**

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

### **1.1 Lead Agency Information** (as designated by State chief executive officer)

*Name of Lead Agency: Department of Social Services*  
*Address of Lead Agency: P. O. Box 3776, Baton Rouge, LA 70821*  
*Name and Title of the Lead Agency's Chief Executive Officer:*  
*Ann Silverberg Williamson, Secretary*

*Phone Number: (225) 342-7475*  
*Fax Number: (225) 342-8636*  
*E-Mail Address: Ann.Williamson@dss.state.la.us*  
*Web Address for Lead Agency (if any):* [www.dss.state.la.us](http://www.dss.state.la.us)

### **1.2 State Child Care (CCDF) Contact Information** (day-to-day contact)

*Name of the State Child Care Contact (CCDF): Sherry S. Guarisco*  
*Title of State Child Care Contact:*  
*Director, Division of Child Care and Early Childhood Education*

*Address: P. O. Box 94065, Baton Rouge, LA 70804-9065*  
*Phone Number: (225) 342-0694*  
*Fax Number: (225) 219-4248*  
*E-Mail Address: [sguarisc@dss.state.la.us](mailto:sguarisc@dss.state.la.us)*  
*Phone Number for child care subsidy program information (for the public) (if any): (225) 342-2342*

*Web Address for child care subsidy program information (for the public) (if any): [www.dss.state.la.us](http://www.dss.state.la.us)*

### **1.3 Estimated Funding**

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period:  
October 1, 2007 through September 30, 2008. (\$98.13(a))  
CCDF: \$85,669,944

Federal TANF Transfer to CCDF: \$37,702,500  
 Direct Federal TANF Spending on Child Care: \$14,800,000  
 State CCDF Maintenance of Effort Funds: \$5,219,488  
 State Matching Funds: \$9,930,566  
 Total Funds Available: \$153,322,498

#### **1.4 Estimated Administration Cost**

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$3,700,000 (2.6 %) (658E(c) (3), §§98.13(a), 98.52)

#### **1.5 Administration of the Program**

Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?

- ☐ Yes.
- ☒ No. If no, use the table below to **identify** the name and type of agency that delivers services and activities. (If the Lead Agency performs the task, mark “n/a” in the box under “Agency.” If more than one agency performs the task, identify all agencies in the box under “Agency,” and **indicate** in the box to the right whether each is a non-government entity.)

Service/Activity	Agency	Non-Government Entity (see Guidance for definition)	
Determines individual eligibility:			
a) TANF families	n/a	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Non-TANF families	n/a	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assists parents in locating care	CCR&R Agencies	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Makes the provider payment	n/a	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Quality activities	CCR&R Agencies, colleges and universities, individuals, and DHH/OCDD as described below	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the Lead Agency uses outside agencies to deliver services and activities, **describe** how the Lead Agency maintains overall control.

*The Department of Social Services (DSS) contracts with Child Care Resource and Referral (CCR&R) Agencies, colleges, individuals, and universities (refer to*



*5.1.1). A Request for Proposal (RFP) which outlines the terms and conditions is issued by DSS to solicit proposals from qualified prospective contractors. The RFP is advertised including a description of the service desired, the contracting agency, where and how the RFP may be obtained, where proposals are to be sent, information regarding a proposer's conference if one will be held, the date and time proposals must be received, and the date, time, and the place proposals will be accepted. All proposals are reviewed and evaluated by a Proposal Review Committee. Some contracts may be awarded by the Department without the necessity of competitive bidding or competitive negotiation. Negotiation for these services is completed by the Assistant Secretary/Director of the appropriate office within DSS or by a designee. Compensation must be determined in writing to be fair and reasonable to the State. Contracts are awarded for periods of not more than three years (36 months).*

*DSS monitors contractors to ensure compliance with performance standards. Annual on-site visits are conducted to evaluate performance, identify any problem areas, and provide practical support. Invoices and Measurement of Success (MOS) reports submitted by contractors are reviewed for compliance and to ensure funds are expended appropriately. Contracts are amended if circumstances change.*

*The Contract Accountability Review Team (CART) within DSS conducts reviews of the programmatic and fiscal provisions of a random sample of established contracts to ensure compliance with appropriate State and Federal guidelines.*

*DSS has entered into a Memorandum of Understanding (MOU) with the Department of Health and Hospitals (DHH), Office of Citizens with Developmental Disabilities (OCDD) to provide training and technical assistance to promote inclusive child care statewide for children with developmental disabilities. As outlined in this MOU, OCDD is to provide general and targeted trainings through qualified trainers to child care providers and other community professionals to facilitate improvement of their skills and abilities in dealing with children with developmental disabilities. Qualified trainers are to provide technical assistance to child care staff in order to solve specific issues related to an individual child or group of children with developmental disabilities. Parents/legal guardians of children eligible for OCDD supports/services are to be provided information about eligibility requirements and the application process for the Children's Choice Medicaid Waiver and the New Opportunities Medicaid Waiver and to the Early Steps Single Point of Entry offices. They are to also provide information to assist families to make application to their parish Office of Family Support for families requesting child care assistance or presenting a need for child care assistance.*

*DSS is responsible for providing technical assistance regarding rules, regulations and policies governing the use of CCDF funds. DSS reviews expenditures monthly to ensure CCDF funds are expended appropriately. If funds are not*

*expended as expected, DSS meets with DHH/OCDD to determine the cause for the deviation and to discuss the performance enhancement plan necessary to alleviate the problem. DSS is also responsible for requesting at random, backup documentation to invoices submitted to determine if the charges are correct and allowable, and initiating recoupment for any overpayments discovered.*

### **1.6 Use of Private Donated Funds**

Will the Lead Agency use private funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2)?

- ☐ Yes. If yes, are those funds:
- ☐ Donated directly to the State?
  - ☐ Donated to a separate entity or entities designated to receive private donated funds?

How many entities are designated to receive private donated fund? \_\_\_\_\_

Provide information below for each entity:

Name:  
Address:  
Contact:  
Type:

- ☒ No.

### **1.7 Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children**

1.7.1 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

- ☐ Yes, and:

( ) The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

(\_\_ %) Estimated percentage of the MOE requirement that will be met with pre-K expenditures.(Not to exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the MOE requirement, the following **describes** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

☒ No.

1.7.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement? (§98.53(h))

☐ Yes, and

(\_\_%) Estimated percentage of the Matching Fund requirement that will be met with pre-K expenditures. (Not to exceed 30%.)

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following **describes** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

☒ No.

1.7.3 If the State answered yes to 1.7.1 or 1.7.2, the following **describes** State efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

## **1.8 Improper Payments**

1.8.1 How does the Lead Agency define improper payments?

*Ineligible, overpaid, or underpaid benefits as a result of information reported incorrectly or withheld by a client or provider or incorrect determination of eligibility, data entry, or failure to take timely action by the agency resulting in overpayment or underpayment.*

1.8.2 Has your State implemented strategies to prevent, measure, identify, reduce and/or collect improper payments? (§98.60(i), §98.65, §98.67)

☒ Yes, and these strategies are:

*Program specialist and local office supervisory reviews and case readings identify problematic areas of policy and staff development needs. New policy and major revisions to policy are reviewed to ensure staff understands the policy and can apply it correctly. Problematic areas of policy and staff development needs are addressed through periodic training sessions or workshops conducted by program specialists.*

*Underpayments are corrected by issuance of supplemental payment or manual payment.*

*Ineligible benefits or overpayments are reported to the Fraud and Recovery Section for recovery from the person responsible for the ineligible benefits or overpayment if the claim is over \$35 for participating clients/providers or over \$250 for non-participating clients/providers. The client and provider are contacted to discuss the overpayment. The client or provider may choose to repay the amount in full or agree on payment arrangements.*

*CART conducts reviews each month of a sample of daycare centers to ensure compliance with program requirements. A sample of children's attendance records and supporting documentation are examined for payment accuracy. A conference is held with appropriate personnel at the child care center regarding the findings and any corrective measures required. A report is forwarded for the appropriate parish office to address any incorrect or ineligible payments discovered in the review. The parish office conducts a follow-up as needed to ensure that corrective action measures have been initiated by the child care provider and responds to CART with a report of the results of their follow-up review. In addition, during the review process by CART, if there is an indication of fraudulent activity, a referral is made to the Fraud and Recovery Section for investigation.*

*DSS plans to take necessary steps to assure that parents and child care providers are aware of their rights and responsibilities as participants in the child care program. DSS also plans to provide training to child care providers to address rules and procedures for improper payments.*

*Payments are made electronically through direct deposit into the child care provider's bank account or by stored value card. DSS is in the initial planning phase to implement a method of*

*electronically capturing and tracking time and attendance via a point of service device.*

***Parish offices are required to select one provider at random each month and request attendance logs that will be matched to the invoice for correctness prior to payment.***

☐ No. If no, are there plans underway to determine and implement such strategies?

☐ Yes, and these planned strategies are:

☐ No.

**PART 2**  
**DEVELOPING THE CHILD CARE PROGRAM**

**2.1 Consultation and Coordination**

- 2.1.1 Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)). **Indicate** the entities with which the Lead Agency has consulted or coordinated (as defined below), by checking the appropriate box(es) in the following table.

*Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).

*Coordination* involves the coordination of child care and early childhood development service delivery, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). At a minimum, Lead Agencies must coordinate with (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health), (3) employment services / workforce development, (4) public education, (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

	<b>Consultation in Development of the Plan</b>	<b>Coordination with Service Delivery</b>
Other Federal, State, local, Tribal (if applicable), and private agencies providing child care and early childhood development services.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Public health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Employment services / workforce development	<input type="checkbox"/>	<input checked="" type="checkbox"/> *

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	<b>Consultation in Development of the Plan</b>	<b>Coordination with Service Delivery</b>
Public education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
TANF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Representatives of local government	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
State/Tribal agency (agencies) responsible for:		
State pre-kindergarten programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Head Start programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Programs that promote inclusion for children with special needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency preparedness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (See guidance):	<input type="checkbox"/>	<input type="checkbox"/>

\* Required.

**For each box checked above, (a) identify the agency providing the service and (b) describe the consultation and coordination efforts.** Descriptions must be provided for any consultation or coordination required by statute or regulation.

If you have prepared an emergency preparedness plan related to your child care and early childhood development services, attach it as *Attachment 2.1.1, pages 1 and 2*.

*DSS has been and will continue to coordinate child care and early childhood development service delivery across multiple entities, both public and private, through the Louisiana State Early Childhood Comprehensive System initiative, known in Louisiana as BrightStart.*

*BrightStart is conducted under the auspices and guidance of the Louisiana Children's Cabinet. To support this effort, the Louisiana Legislature in the 2005 Regular Session, passed HCR 157, which specifically calls on the following state entities to work together in support of an early childhood system: Office of Family Support and Office of Community Services within DSS; Office of Public Health including the Part C-Early Steps program, Office of Mental Health (OMH), Office of Citizens with Developmental*

*Disabilities, Office for Addictive Disorders, Children's Special Health Services program, and the Bureau of Health Services Financing (Medicaid) within the DHH; Department of Education including the Pre-K and Early Childhood Education Programs section; Board of Elementary and Secondary Education; Department of Economic Development, Division of Administration; and Office of Youth Development within the Department of Public Safety and Corrections. HCR 157 urges and requests that these entities work together to execute the Implementation Plan of BrightStart.*

*OFS and specifically, the Director of the Division of Child Care and Early Childhood Education, is a member of the Steering Committee of BrightStart, chairs the Child Care Workgroup, and has been actively involved in the initiative since its inception. Louisiana **is implementing** the goals and strategies of BrightStart which specifically address professional development for early care and education professionals, a Quality Rating System (QRS) for child care, child care licensing, public engagement with regard to child care and the QRS, financing to support early care and education, and mental health consultation for early care and education providers. **The QRS has been developed and was implemented statewide effective October 2007.***

(1) Other Federal, State, local Tribal (if applicable) and private agencies providing child care and early childhood development services:

*OFS Division of Child Care and Early Childhood Education has been a lead partner in the development of the BrightStart Strategic Plan and continues to work on its implementation. Prevent Child Abuse Louisiana, the Louisiana Children's Trust Fund and the Children's Defense Fund are all part of the BrightStart Steering Committee and also the agency's QRS Steering Committee. Additionally, the child care professional associations in Louisiana including the Child Care Association of Louisiana, the Louisiana Early Childhood Association, and the Louisiana Association for the Education of Young Children serve on the QRS Steering Committee and have been instrumental in the development of the QRS.*

*The Tulane Institute of Infant and Early Childhood Mental Health in the Department of Psychiatry and Neurology at Tulane University School of Medicine (Institute) has worked closely with DSS in the work of BrightStart and the development of the QRS. The Director of the Institute is the BrightStart Program*



*Coordinator. The Institute also has been providing a Mental Health Consultation Program for child care providers in Louisiana for DSS. Additionally, the Louisiana DHH/OMH through its Early Childhood Supports and Services program provides mental health services to children ages zero to five.*

*There are five CCR&R Agencies which are housed in local agencies throughout the state and provide child care support services to their regions. These include the Children's Coalition of Northeast Louisiana, Excellence for Children, Volunteers of America, Agenda for Children and Northwestern State University Child and Family Network. They have all served on the QRS Steering Committee and many are active in the BrightStart initiative as well.*

*DSS works closely with the Child and Adult Care Food Program (CACFP), administered by the Department of Education (DOE). Agency staff present updates on child care at all CACFP conferences and consult in policy development and changes. DSS continues to offer a quality incentive bonus to eligible family child day care home providers that participate in the CACFP. This quarterly bonus equals 10% of all payments processed for the care of CCAP children and approximately 50% of the family child day care home providers participate in this quality initiative.*

## **2) Public Health:**

*The Title V – Maternal and Child Health program in the Louisiana Office of Public Health (OPH) is the administrative entity for the BrightStart Initiative. The Louisiana Child Health Medical Director leads this effort and serves on the QRS Steering Committee as well. Additionally, the Child Care Health Consultant Program Director in OPH is an active participant in BrightStart and the QRS. The development and implementation of the QRS has been a major priority of BrightStart resulting in active coordination between OPH and DSS. Working with OPH has helped integrate enrollment efforts into the Children's Health Insurance Program (LaCHIP) through QRS. A requirement of the QRS at the second star level is the provision that child care centers give every parent enrolling a child in the center information on LaCHIP, Medicaid, and the necessity of a child to have a personal physician. Additionally, OPH assists DSS in general with health issues such as immunization campaigns and the safety and sanitary conditions of facilities.*

## **3) Employment Services/Workforce Development:**

*The Louisiana Community and Technical College System (LCTCS) has been an active participant in the development of the QRS, and its Vice-President for Academic and Student Affairs is on the QRS Steering Committee. The need for more child care teachers, and especially better qualified teachers, is of great concern to both entities. Additionally, staff qualifications comprise one of the most weighted components of the QRS standards, and the LCTCS has been working closely with DSS to ensure that its system supports the QRS and the entire child care and early education workforce. Through the Louisiana Pathways Child Care Career Development System, DSS provides scholarships to individuals who work with, or want to work with, Louisiana children age birth to eight years of age.*

4) Public Education and State Pre-Kindergarten Program:

*DSS works with DOE on early learning standards and alignment with K-12 grade programming. Additionally, in Louisiana, the most extensive Pre-K program is through the DOE. The Section Administrator for Pre-K through Grade Four serves on both the Steering Committee for BrightStart and the Steering Committee for the QRS. This Section Administrator and the OFS Director of the Division of Child Care and Early Childhood Education, as well as the Director of the Head Start Collaboration Office and the Assistant BrightStart Coordinator, together attended the Strengthening State Systems Meeting in January 2007 in Washington D.C. There has been much collaboration with the DOE throughout BrightStart and the development of the QRS to facilitate the coordination of the QRS and the Pre-K program. For example, the Pre-K programs use the Early Childhood Environment Rating Scale, Revised edition, and this now also will be used as part of the QRS. DSS and DOE have shared the expenses of bringing national trainers to Louisiana to train staff for both programs on the scales.*

5) TANF:

*The TANF funds are housed in DSS. Hence, there has been ample opportunity for consultation and coordination on the use and administration of child care services with the TANF program including quality initiatives. The TANF program provides parenting skills training for parents and coordinates employment related services for TANF eligible who use CCDF funding. TANF funding also has been used to start pilot efforts in support of the design and development of the QRS.*

6) Indian Tribes/Tribal Organizations when such entities exist within the State

*DSS engaged the members of the Tunica-Biloxi and Chitamacha tribes to participate on the Infant Toddler Initiative. The Director of the Chitimacha Child Care Center is a trainer with the statewide infant toddler training project. The Chitimacha Child Care Center became a Class A licensed child care center in August 2006 and is the only center on the reservation. It uses the NAEYC standards. The Chitimacha Tribe worked with state licensing to establish and maintain cooperative agreements with the state. By staffing a health clinic and psychologist with the social services department, the tribe provides public health and child mental health services. The tribe has established Early Steps program and receives funds for children ages three and older with special needs.*

*In the development of the plan, tribal representatives expressed interest in the QRS and requested assistance in streamlining participation in the CACFP and the use of CCAP funds for tribal employees' children who are not Chitimacha but are attending the reservation child care center.*

7) Representatives of Local Government:

*DSS works with representatives of local government through CCR&R Agencies' participation in the Children and Youth Planning Boards. CCR&R Agencies also work with local emergency preparedness officials in planning for shelter child care as described in # 11 below.*

9) State Pre-K Programs:

*In addition to the DOE Pre-K program described in #4 above, DSS works with the Governor's Office of Community Programs which has a much smaller Pre-K program for four year olds. TANF provides the funding for this program.*

10) Head Start Programs:

*The Director of the Head Start Collaboration Office is housed within DSS, facilitating maximum cooperation and coordination. She serves on both the BrightStart Steering Committee and the QRS Steering Committee. Additionally, representatives from two local Head Start programs, St. Landry and Baton Rouge, serve on*

*the QRS Steering Committee. Many of the standards established in the QRS parallel standards that already exist for Head Start, and the input of these committee members has been extremely valuable in guiding the development of the QRS.*

11) Programs that promote inclusion for children with special needs:

*The Director of Children's Services Division of the ARC of Caddo and Bossier Parishes serves on the QRS Steering Committee. Additionally, representatives from the State Interagency Coordinating Council for Children with Disabilities, as well as, the Part C-Early Steps Program and the Children's Special Health Services program are on the BrightStart Steering Committee. This is an area addressed by the BrightStart Strategic Plan which calls for increased access in early care and education settings for children with special needs by providing greater funding and training with a focus on inclusion.*

12) Emergency Preparedness

*A formal emergency preparedness plan document has not yet been developed. Procedures were developed in response to the hurricanes of 2005 that will be followed in the event of another such emergency. A copy of the letter and communication to child care providers is provided as Attachment 2.1.1 (pages 1 and 2).*

- 2.1.2 State Plan for Early Childhood Program Coordination. *Good Start, Grow Smart* encourages States to develop a plan for coordination across early childhood programs. **Indicate** which of the following best describes the current status of the State's efforts in this area.  
**Note: Check only ONE.**

- ☐ **Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- ☐ **Developing.** A plan is being drafted.  
The draft is included as *Attachment 2.1.2*.
- ☐ **Developed.** A plan has been written but has not yet been implemented. The plan is included as *Attachment 2.1.2*.
- ☒ **Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as *Attachment 2.1.2*.
- ☐ **Other (describe):**

**Describe** the progress made by the State planning for coordination across early childhood programs since the date of submission of the 2006-2007 State Plan.

*As described above, in Section 2.1.1, the State Early Childhood Comprehensive System initiative in Louisiana is called BrightStart. Funding for the implementation of BrightStart was approved by the federal Maternal and Child Health Bureau in September 2006.*

*BrightStart began with a broad Needs Assessment of early childhood services in Louisiana. This assessment identified many deficiencies and gaps in services to young children and families. The information revealed by the Needs Assessment guided the next stage of the initiative, which was an extensive strategic planning process. With participation and input from over one hundred public and private stakeholders, the Strategic Plan was designed around the premise that in order to build a sustainable, comprehensive, coordinated and effective system that results in high quality services, a simultaneous and appropriate investment must be made to build and maintain an infrastructure to support the system. BrightStart used the components described by Kagan and Cohen<sup>1</sup> and Kagan and Neuman<sup>2</sup> to shape the planning for Louisiana's comprehensive early childhood system and to set the foundation for its infrastructure. These components include professional development, public engagement, program licensing and accountability, funding/financing, as well as the quality programs themselves. Critical to the strategic planning process were state leaders, agency staff, and stakeholders, who provided input, direction, and expertise throughout the process.*

*The BrightStart Initiative then designed an Implementation Plan around the goals and strategies detailed in the Strategic Plan. This work has been guided by the BrightStart Steering Committee, comprised of representatives from state agencies and child serving organizations including DSS.*

**Indicate** whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

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<sup>1</sup> Kagan, S.L. & Cohen, N. (1997). Not by Chance: Creating an Early Care and Education System for America's Children. New Haven: Yale University Bush Center.

<sup>2</sup> Kagan, S. L. & Neuman, M. J. (2003). Integrating early care and education. Educational Leadership 60(7), 58-63.

*BrightStart is an initiative of the Governor's Children's Cabinet. HCR 157 of the 2005 Regular Session, described in Section 2.1.1 above, urges and requests that the state agencies serving young children work together to execute the Implementation Plan of BrightStart. HCR 157 also requires that BrightStart and the Children's Cabinet report to the Legislature on the progress of the Implementation Plan biannually until the end of the grant initiative.*

**Describe** the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.

*The expected results of BrightStart include the implementation of the many goals and strategies set forth in the Strategic and Implementation Plans resulting ultimately in an early childhood comprehensive system. As described above, BrightStart has focused on infrastructure, as well as, quality programs and professional development as components of that infrastructure. A general goal is to "strengthen and support the continued development of a coordinated system of personnel preparation and ongoing professional development for early care and education providers and administrators." One strategy under this goal provides for the development of a continuum of training linked to the Louisiana Early Learning Guidelines and Program Standards for Children Birth to Three and Louisiana Standards for Programs Serving Four Year Olds, and that this continuum be tied to the training required by licensing and the Louisiana Pathways Child Care Career Development System. There are many other strategies, as well, related to the training and education of early care and education professionals and other professionals who work with young children.*

*Similarly, professional development is one of the most weighted components of the QRS, which is a large focus of the BrightStart Initiative. To obtain more stars, the directors and teachers must meet higher standards of staff qualifications. Louisiana has looked to North Carolina as a model for its QRS, using a consultant from that state to develop the QRS, with the goal of improving the quality of child care and the school readiness of its children.*

**Describe** how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?

*BrightStart will continue its work on the Strategic and Implementation Plans. DSS will continue to be an active participant in this multi-agency effort to create a comprehensive early childhood system across funding streams and departments. The QRS will continue to be rolled out, and the proposed model may be adjusted as it is reviewed and feedback is received.*

## **2.2 Public Hearing Process**

**Describe** the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:

Date(s) of statewide notice of public hearing: May 1, 2007  
Manner of notifying the public about the statewide hearing: *The public is notified about statewide hearings through the use of seven major newspapers throughout the State and the World Wide Web.*  
Date(s) of public hearing(s): May 22, 2007  
Hearing site(s): *Baton Rouge, Louisiana*

How the content of the plan was made available to the public in advance of the public hearing(s): *A draft of the plan was made available on the World Wide Web.*

A brief summary of the public comments from this process is included as *Attachment 2.2*.

## **2.3 Public-Private Partnerships**

Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private-sector involvement in meeting child care needs?

- ☒ Yes. If yes, **describe** these activities or planned activities, including the results or expected results.
- ☐ No.

*DSS has contracted with Tulane University to provide several components of the QRS. This includes the Environment Rating Scales component, the mental health consultation supports, and the evaluation of the system. Additionally, DSS will also continue its efforts working with BrightStart. Much of the work with BrightStart is through the private sector and specific objectives will be achieved through the involvement of both the public and*

*private sectors. One specific example is the School Readiness Tax Credits. BrightStart has worked closely with a variety of stakeholders to develop and build consensus around these tax credits to support the QRS and the child care system. The tax proposal is a comprehensive effort to support the QRS by offering incentives to families, child care providers, child care professionals, and employers, through state tax credits that will vary based on the quality of the child care setting as determined by the QRS. The proposal has been endorsed by numerous organizations including the Child Care Association of Louisiana, the Louisiana Association for the Education of Young Children, the Council for A Better Louisiana, the Louisiana Budget Project, the Louisiana Association of Nonprofit Organizations, the Louisiana Partnership for Children and Families, the Louisiana Children's Trust Fund, Prevent Child Abuse Louisiana, the Louisiana Association of United Ways, United Way's Women Leadership Initiative and Success by Six, the Maternal and Child Health Coalition, the National Association of Social Workers-Louisiana Chapter and Kingsley House. Many other BrightStart goals and strategies will be implemented through these kinds of partnerships. These efforts will lead to increased involvement with the private sector in working to support the availability of quality child care throughout Louisiana.*



**PART 3**  
**CHILD CARE SERVICES OFFERED**

**3.1 Description of Child Care Services**

**3.1.1 Certificate Payment System**

**Describe** the overall child care certificate process, including, at a minimum:

- (1) a description of the form of the certificate (98.16(k));

*The certificate is a paper document that identifies the child who is eligible for assistance and states a date by which information about that child's care situation must be returned. The child care provider completes the form by entering the date that child care began or is scheduled to begin, the number of hours each week that the child is scheduled to be in care, and the dollar amount of fees charged for child care services. See Attachment 3.1.1.*

- (2) a description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), 98.2, 98.30(c)(4) & (e)(1) & (2)) and

*The certificate is given or mailed to the parent/guardian for an eligible child. Parents/guardians are given contact information for their regional CCR&R Agency in case they need assistance in selecting a child care provider that meets their needs. The parent/guardian takes the certificate to his/her chosen provider who completes the appropriate section of the form. The parent/guardian is responsible for returning the form to the designated office.*

- (3) if the Lead Agency is also providing child care services through grants and contracts, estimate the proportion of §98.50 services available through certificates versus grants/contracts, and explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (98.30(a) & (b)) This may be expressed in terms of dollars, number of slots, or percentages of services.

N/A

**Attach** a copy of your eligibility worker's manual, policy handbook, or other printed guidelines for administering the child care subsidy program as **Attachment 3.1.1**. If these materials are available on the web, the State may provide the appropriate Web site address in lieu of attaching hard copies to the Plan.

Note: Eligibility worker's manuals, policy handbooks, or other printed guidelines for administering a child care subsidy program will be used for reference purposes only. Documents provided by Lead Agencies pursuant to this section will not be uniformly or comprehensively reviewed and will not be considered part of the Plan. All information required to be part of the Plan must continue to be set forth in the Plan.

[http://www.dss.state.la.us/departments/ofs/Child\\_Care\\_Assistance\\_Program.html](http://www.dss.state.la.us/departments/ofs/Child_Care_Assistance_Program.html)

3.1.2 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

☐ Yes, and the following **describes** the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

☒ No.

3.1.3 The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

☒ Yes, and the limits and the reasons for those limits are:  
(§§98.16(g)(2), 98.30(e)(1)(iv))

*To help ensure the safety of children in In-Home care, In-Home child care providers are required to have **Infant/Child/Adult Cardiopulmonary Resuscitation (CPR)** training, **Pediatric First Aid** training, and a criminal background check. **In-Home child care providers are also required to ensure that a telephone that can receive incoming and place outgoing calls is available in the home at all times.** Payment rates for In-Home providers are slightly lower than for other provider types as In-Home providers are not required to obtain additional training required for Family Child Day Care Home (FCDCH) providers or obtain a Fire Marshal inspection.*

☐ No.

3.1.4 Are child care services provided through certificates, grants and/or contracts offered throughout the State? (658E(a), §98.16(g)(3))

☒ Yes.

☐ No, and the following are the localities (political subdivisions) and the services that are not offered:

### **3.2 Payment Rates for the Provision of Child Care**

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

These rates are provided as *Attachment 3.2A*.

The attached payment rates were or will be effective as of January 1, 2007.

**Provide** a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive

child care assistance under the CCDF and other governmental programs. Include, at a minimum:

- The month and year when the local market rate survey(s) was completed: August 2007 . (§98.43(b)(2))
- A copy of the 2007 Market Rate Survey instrument and a **summary of the results** of the survey are provided as *Attachment 3.2B (Part I)*. At a minimum, this summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings (**See Guidance for additional information.**)
- Does the Lead Agency use its **current** Market Rate Survey (a survey completed within the allowable time period –10/1/05 - 9/30/07) to set payment rates?

☒ **Yes.**

☐ **No.**

***Payment rates are based on the Market Rate Survey of August 2007.***

**At what percentile of the current Market Rate Survey is the State rate ceiling set?** If you do not use your current Market Rate Survey to set your rate ceilings or your percentile varies across categories of care (e.g., type of setting, region, age of children), describe and provide the range of variation in relation to your current survey. (**See Guidance for additional information.**)

*A new market rate survey was completed in August 2007. Based on this August 2007 survey, rates for infants/toddlers and for children age three and over in Class A centers, FCDCHs, and In-Home care are set below the 75th percentile. Rates for children age three and over in school-based programs are set above the 75th percentile.*

- How the payment rates are adequate to ensure equal access to the full range of providers based on the results of the above noted local market rate survey (i.e., describe the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))

*A Market Rate Survey was conducted in 2007 to determine the rates utilized in various parts of the state and in diverse child care*

*settings. The sample population included licensed child care centers, school-based programs, registered Family Child Day Care Homes, and certified In-Home providers listed in the CCAP Provider Directory and family child care homes listed with the CACFP throughout the state. Data gathered reflected age groups served, rates charged for these groups, whether providers did or would provide child care for special needs children and the current or anticipated cost for these services. The survey data was weighted by enrollment so that the rates would reflect the cost of child care for different age groups. The state regional structure was used in determining geographical variations in costs between urban, suburban, and rural areas. The state consists of nine regions.*

*The state maximum rate for services to eligible child care providers was increased effective January 1, 2007.*

- Does the Lead Agency consider any additional facts to determine that its payment rates ensure equal access? (§98.43(d))

☒ Yes. If, yes, **describe.**

*In an effort to increase the quality of services provided while keeping the rates affordable for families, including families who do not qualify for subsidies, the agency implemented quality incentive bonus payments for certain quality criteria. Class A providers that are accredited by the National Association for the Education of Young Children (NAEYC) are eligible to receive a quarterly bonus equal to 20% of all payments received by the provider for caring for CCAP eligible children. FCDCH providers who participate in the CACFP are eligible to receive a quarterly bonus equal to 10% of all payments received by the provider for caring for CCAP eligible children.*

*As a measure to support child care centers participating in the QRS bonuses will be paid based on quality attainment rather than increasing provider rates. These efforts are designed to ensure equal access to quality care for low income children.*

*Higher maximum rates may be paid to eligible providers for the care of children with special needs and for the care of infants and toddlers.*

☐ No.

- Does the State have a tiered reimbursement system (higher rates for child care centers and family child care homes that achieve one or more levels of quality beyond basic licensing requirements)?

☒ Yes. If yes, describe:

*To increase access to care for low-income children with special needs, higher special needs rates may be paid for children up to age 18 if verified by a physician or licensed psychologist that special care is required and verification is obtained that the provider is providing specialized care. This special needs care includes, but is not limited to, specialized facilities/equipment, lower staff ratio, and/or specially trained staff.*

*To encourage the availability of infant and toddler care for low-income families, separate higher maximum rates may be paid for the care of infants and toddlers (children under the age of three) if the child care provider charges a higher rate for those children.*

☐ No.

### **3.3 Eligibility Criteria for Child Care**

#### **3.3.1 Age Eligibility**

Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

☐ Yes, and the upper age is the month of their 18<sup>th</sup> birthday.

☐ No.

Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

☒ Yes, and the upper age is the month of their 18<sup>th</sup> birthday.

☐ No.

### 3.3.2 Income Eligibility

**Complete** columns (a) and (b) in the matrix below. Complete Columns (c) and (d) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the SMI.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	IF APPLICABLE	
			Income Level, lower than 85% SMI, if used to limit eligibility	
			(c) \$/month	(d) % of SMI [Divide (c) by (a), multiply by 100]
1	2424	2060	n/a	n/a
2	3170	2695	2378	75
3	3916	3329	2937	75
4	4662	3963	3497	75
5	5408	4597	4056	75

If the Lead Agency does not use the SMI from the most current year, **indicate** the year used:

If applicable, indicate the date on which the eligibility limits detailed in column (c) became or will become effective:

**May 1, 2008**

How does the Lead Agency define “income” for the purposes of eligibility? Describe and/or include information as **Attachment 3.3.2.** (§§98.16(g)(5), 98.20(b))

*Income is defined as the gross earnings of the head of household, that person’s legal spouse or non-legal spouse, and any minor unmarried parent who is not legally emancipated and whose children are in need of Child Care Assistance, and recurring unearned income of the following types for all household members: Social Security Administration benefits, Supplemental Security Income, Veterans Administration benefits, retirement benefits, disability benefits, child support/alimony, unemployment compensation benefits, adoption subsidy payments, and worker’s compensation benefits.*

- Is any income deducted or excluded from total family income (for instance, work or medical expenses; child

support paid to, or received from, other households;  
Supplemental Security Income (SSI) payments)?

☒ Yes. If yes, **describe** what type of income is deducted or excluded from total family income.

*Loans, gifts, contributions, reimbursements, foster care income payments, earned income tax credits, Family Independence Temporary Assistance Program (FITAP) and Kinship Care subsidy payments, in-kind income, disaster relief employment income; allowable expenses associated with producing self-employment income; and unearned income other than Social Security Administration benefits, Supplemental Security Income, Veterans Administration benefits, retirement benefits, disability benefits, child support/alimony, unemployment compensation benefits, adoption subsidy payments, and worker's compensation benefits.*

☐ No.

- Is the income of all family members included?

☐ Yes.

☒ No. If no, **describe** whose income is excluded for purposes of eligibility determination.

*Earned income of a household member under the age of 18 and earned income of a minor unmarried parent who is not legally emancipated and whose children do not need Child Care Assistance.*

### 3.3.3 Eligibility Based Upon Receiving or Needing to Receive Protective Services

Does the State choose to provide child care to children in protective services, as defined in Appendix 2? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

☒ Yes.

☐ No.

Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children



receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

- ☒ Yes.
- ☐ No.
- ☐ Not applicable. CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.

Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

- ☒ Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)
- ☐ No.

#### 3.3.4 Additional Eligibility Conditions

Has the Lead Agency established additional eligibility conditions? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

- ☒ Yes, and the additional eligibility conditions are: (Terms must be defined in Appendix 2)  
*An applicant/recipient of Low-Income Child Care (LI-CC) is not eligible if any co-payment is past due to a current or previous CCAP provider.*

***An applicant/recipient is not eligible if they fail or refuse to choose an eligible CCAP provider.***

*TANF: Strategies to Empower People (STEP) participants receiving TANF/FITAP are categorically eligible for child care services if they select an eligible provider. Families transitioning off of TANF/FITAP because of excess income who were working at the time of TANF/FITAP closure receive one month of child care. These families are eligible for 100% payment of eligible child care costs if they select an eligible provider and the costs do not exceed the maximum allowable rates.*

- ☐ No.

### **3.4 Priorities for Serving Children and Families**

3.4.1 Complete the table below regarding eligibility conditions and priority rules. For columns (a) through (d), check box if reply is “Yes”. Leave blank if “No”. Complete column (e) if you check column (d).

Eligibility Category	(a) Guarantee subsidy eligibility	(b) Give priority over other CCDF- eligible families	(c) Same priority as other CCDF- eligible families	(d) Is there a time limit on guarantee or priority?	(e) How long is time limit?
Children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Children in families with very low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families <u>receiving</u> Temporary Assistance for Needy Families (TANF)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Families transitioning from TANF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>One month</i>
Families at risk of becoming dependent on TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

3.4.2 **Describe** how the State prioritizes service for the following CCDF-eligible children: (a) children with special needs and (b) children in families with very low incomes. Terms must be defined in Appendix 2. (658E(c)(3)(B))

(a) *To help to ensure access to quality care, children with special needs who require specialized services may qualify for higher incentive rates for child care.*

(b) *TANF/FITAP applicants who need child care to participate in approved FITAP pre-certification activities and recipients who need child care in order to satisfactorily participate in the STEP program are categorically eligible for CCAP when they select an eligible provider. Other families with very low income are eligible for 80% payment of eligible child care costs up to the maximum allowable rates.*

3.4.3 **Describe** how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

(a) *TANF/STEP applicants and participants are eligible for 100% payment of the child care costs up to the appropriate state maximum allowable rate if they select an eligible provider.*

(b) *Families transitioning off of TANF/FITAP who are earning income at the time of TANF/FITAP closure receive one month of child care while their application is being considered for eligibility under the rules for low-income child care. These families continue to be eligible for 100% payment of eligible child care costs with an eligible provider during this month if the costs do not exceed the maximum allowable rates.*

(c) *Families that are at risk of becoming dependent on TANF are required to contribute to the cost of their child care expenses.*

3.4.4 Has the Lead Agency established additional priority rules that are not reflected in the table completed for Section 3.4.1? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

☐ Yes, and the additional priority rules are: (Terms must be defined in Appendix 2)

☒ No.

3.4.5 Does the Lead Agency serve all eligible families that apply?

☒ Yes.

☐ No.

3.4.6 Does the Lead Agency maintain a waiting list?

☒ Yes. If yes, for what populations? Is the waiting list maintained at the State level? Are certain populations given priority for services, and if so, which populations? What methods are employed to keep the list current?

*All CCAP-eligible families are currently being served. Policy and procedures are maintained should funding necessitate placing children on a waiting list; however, Louisiana has not exercised this option since 2001.*

☐ No.

### **3.5 Sliding Fee Scale for Child Care Services**

3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this sliding fee scale for child care services and an explanation of how it works is provided as *Attachment 3.5.1*.

The attached fee scale was or will be effective as of

**May 2008.**

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

☒ Yes, and the following **describes** any additional factors that will be used:

*TANF: All STEP participants are categorically eligible if they select an eligible provider. These participants are eligible for 100% payment of eligible child care costs if the costs do not exceed the maximum allowable rates. This care can be either full-time or part-time.*

☐ No.

3.5.2 Is the sliding fee scale provided in the attachment in response to question 3.5.1 used in all parts of the State? (658E(c)(3)(B))

☒ Yes.

- ☐ No, and other scale(s) and their effective date(s) are provided as *Attachment 3.5.2*.

- 3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$ 1467 (provided by HHS).

The Lead Agency must **select ONE** of these options:

- ☐ ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.
- ☐ ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.
- ☒ SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The following describes these families:

*TANF: Families who are STEP participants are not required to pay a fee if they select an eligible provider and the provider's charge does not exceed the maximum allowable rate.*

*Children in protective services, on a case-by-case basis, are eligible for 100% payment if they select an eligible provider and the costs do not exceed the maximum allowable rates.*

- 3.5.4 Does the State allow providers to charge parents the difference between the maximum reimbursement rate and their private pay rate?

☒ Yes.

☐ No.

- 3.5.5 The following is an explanation of how the copayments required by the Lead Agency's sliding fee scale(s) were determined to be affordable: (§98.43(b)(3))

*The agency pays a certain percentage of authorized low-income child care costs that are charged by the provider. The Sliding Fee Scale is used to determine the percentage that the agency will pay, based on the household's monthly income and household size.*

*Effective May 1, 2008, the sliding fee scale used for low-income recipients was adjusted on changes in the Federal Poverty Level and the 2008 State Median Income (SMI) for Louisiana. This adjustment may result in an increase in the number of clients eligible for LI-CC as well as an increase in the percentage paid by CCAP.*

## **PART 4**

### **PARENTAL RIGHTS AND RESPONSIBILITIES**

#### **4.1 Application Process / Parental Choice**

4.1.1 **Describe** the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). At minimum, the description should include:

- How parents are informed of the availability of child care services and about child care options

*Child Care Resource and Referral Agencies*

*Child care providers*

*Agency website*

*Parish/district offices statewide*

*Office of Citizens with Developmental Disabilities*

*OFS Family Assistance Call Center*

*Media releases*

*Public awareness initiatives*

*Head Start Collaboration*

*Other Social Services agencies*

*DSS Employees*

*Brochures*

- Where/how applications are made

*The application process for LI-CC consists of completing and submitting an application form, along with required verification, to any Office of Family Support parish/district office. Applications may be submitted in person, by mail, or through electronic transmission (such as fax). The application date is the date the application form is received in the parish/district office. Clients are not required to come into the office or have an interview to apply for CCAP. The client is contacted by phone or mail if verification or information is required. A written notice is sent informing the client of the decision reached.*

*TANF/FITAP applicants and recipients who need Child Care Assistance in order to satisfactorily participate in the STEP Program, as determined by their worker, are categorically eligible for CCAP payments when they select an eligible provider. The need for Child Care Assistance is explored with the participant during the Family Assessment*

*(OFS 4FA) which is completed at initial application. Participants are eligible back to the first day of the month in which application for FITAP is made or the first day of participation in an approved eligible activity.*

- What documentation parents must provide

*Verification of wages for all jobs for household members who are working; verification of the following types of income received by any household members: child support, adoption subsidy, alimony, SSI, Social Security, Veteran's Administration benefits, Unemployment Compensation, Worker's Compensation, and any other retirement or disability benefits; a written statement signed by any adult or parent seeking employment indicating the number of hours each week he will actively look for work; a statement from the educational or job training program for any adult or parent attending school verifying hours of attendance each week, and the anticipated date of completion; age verification for all children in the home; proof of citizenship or alien status and immunization verification for all children in need of care; verification of disability (doctor's statement, etc) if not receiving SSI, Social Security Disability benefits, or VA Disability benefits.*

- How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4

*The worker verbally informs the parents who receive TANF/FITAP benefits of exceptions to individual penalties (good cause) during a face-to-face interview at the time the STEP 6 (Family Success Agreement) or the STEP 1 (Application Activity Agreement) is completed.*

- Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs

*LI-CC cases are assigned certification periods of up to 12 months. Households are assigned the longest possible certification period based on the predictability of the household's circumstances. At recertification an eligibility determination must be made for continued eligibility.*

*STEP participants receiving TANF/FITAP cash assistance remain eligible as long as the client meets*



*TANF/FITAP/STEP eligibility requirements and there is a need for child care. The certification period matches the certification period of the TANF/FITAP case.*

- Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies

*Clients are not required to come into the office or have an interview to apply for or be recertified for LI-CC. Verification or information may be requested and submitted by mail. A written notice is sent informing the client of the decision reached.*

*Clients are no longer required to make application for CCAP in their parish of residence. Clients may apply at any Office of Family Support parish/district office.*

*TANF/FITAP applicants are allowed presumptive eligibility for 30 days for STEP Child Care Assistance for the applicant to participate in approved pre-certification activities.*

*STEP participants who receive STEP child care and whose FITAP case closes with earned income at the time of closure receive priority processing for LI-CC. Participants are not required to submit a new application form to be considered for continued eligibility under LI-CC. Eligibility is determined using case information on file.*

*Louisiana has extended hours of operation for eligibility offices.*

**Attach** a copy of your parent application for the child care subsidy program. If the application is available on the web, provide the appropriate Web site address (application must still be attached to Plan): <http://www.dss.state.la.us/Documents/OFS/CCAP002.pdf>

4.1.2 Is the application process different for families receiving TANF?

☒ Yes. If yes, **describe** how the process is different:

*TANF/FITAP applicants and recipients who need Child Care Assistance in order to satisfactorily participate in the STEP Program, as determined by their worker, are categorically eligible for CCAP payments when they select an eligible provider. An application form is not required. The need for Child Care Assistance is explored with the participant during the Family Assessment (OFS 4FA) which is completed at initial application.*

☐ No.

4.1.3 The following is a detailed description of how the State ensures parental choice by making sure that parents are informed about their ability to choose from among family and group home care, center-based care and in-home care including faith-based providers in each of these categories.

*The agency contracts with CCR&R agencies that educate parents on how to recognize quality child care and refer them to child care providers that meet their specific needs. When they are determined eligible for CCAP and a certificate is issued, parents are given contact information for their regional CCR&R agency for assistance in selecting a child care provider.*

*A Child Care Assistance Program flyer that informs parents of the various provider types they may select from is given or mailed with each application form. The flyer also lists the contracted CCR&R agencies for parents to contact for information if they need assistance with finding a child care provider.*

*The agency website informs parents of the provider types they may select from and lists the contracted CCR&R agencies for parents to contact for information about selecting a child care provider.*

*The application form for CCAP lists provider types.*

*Parish/district office employees refer clients to their regional CCR&R agency for assistance in selecting a provider.*

4.1.4 Does the State conduct activities aimed at families with limited English proficiency to promote access to child care subsidies and reduce barriers to receiving subsidies and accessing child care services?

☒ Yes. If yes, **describe** these activities, including how the State overcomes language barriers with families and providers.

*Staff will provide language assistance for any applicant or recipient identified as needing language assistance services.*

*Our contracted CCR&R Agencies, as part of their responsiveness to community needs, continue to identify needs for multi-cultural services. Agenda for Children most recently employed a staff member who speaks Spanish in response to the increase of Spanish speaking families in the New Orleans area. Their goal is to translate at least some materials into Spanish and Vietnamese and provide training in Spanish.*

☐ No.

#### **4.2 Records of Parental Complaints**

The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

*The **Child Care Licensing and Regulatory Section** investigates complaints (other than abuse and neglect) regarding a licensed facility. If the complaint is substantiated, a deficiency is written. Such deficiencies must be corrected to the satisfaction of the **Child Care Licensing and Regulatory Section**. Deficiencies involving Class A Centers become part of the licensing file (except for names of individual children, etc.) which is public information and may be reviewed upon request.*

*The **Child Care Licensing and Regulatory Section** maintains files on all parental complaints and is the contact agency for information on parental complaints. The general public can request, in writing, information from complaint files. When the **Child Care Licensing and Regulatory Section** receives a request for information from a complaint file, the request is routed to the DSS Bureau of General Council. The DSS Bureau of General Council then determines what information contained in the file is public information and what information is not public information. The DSS Bureau of General Council then mails a disclosure response letter to*

*the requester detailing what information in the complaint file is available for viewing and/or copying.*

*DSS Office of Community Services investigates complaints alleging abuse and/or neglect involving Class A Centers. Under the provisions of La. R. S. 46:1426 and 46:56(F)(4)(c), a parent is entitled to know of each valid finding of child abuse, neglect or exploitation occurring at a facility or residence. La. R. S. 14:403 of the Louisiana Criminal Code prohibits disclosure of this information to any unauthorized person and provides criminal penalties of up to \$500 in fines/imprisonment for up to six months or both. If a complaint is not found valid, all information concerning the unsubstantiated complaint must be destroyed. Records/files of substantiated complaints of abuse and/or neglect are maintained by the DSS Office of Community Services.*

*Complainants alleging abuse and/or neglect involving a Family Child Day Care Home shall be referred to the appropriate local law enforcement department. Records/files of substantiated complaints of abuse and/or neglect involving a Family Child Day Care Home are maintained by the local law enforcement agencies in the parish of the provider.*

#### **4.3 Unlimited Access to Children in Child Care Settings**

The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

*By statute licensed Class A centers are required to be open to inspection during working hours by parents or legal guardians of children in care and by authorized personnel and registered Family Child Day Care Homes are required to be open to inspection by the Department, parents, and by other authorized personnel during normal working hours or when children are in care.*

*A licensed facility must inform parents that they are welcome to visit the center anytime during regular hours of operation as long as their child is enrolled. This written policy must be posted. Also licensing regulations require centers to advise parents of the licensing authority of DSS, give them the telephone number and address of the Department, and advise them that they may call or write the Department if they have significant, unresolved licensing complaints. This written policy as well as the current telephone number and address of the Department shall be posted.*

*All of DSS' Provider Agreements include a requirement that the provider will permit parents to see and be with their children at all times. Provider Agreements are completed and signed before payment is initiated.*

#### **4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care**

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is:

*Department of Social Services Office of Family Support.*

- "appropriate child care":
  - *child care provided by any state-licensed facility*
  - *child care provided by a state-registered provider*
  - *child care provided by a state-certified relative or private party of the parent's choice*
- "reasonable distance":

*child care is unavailable unless it is located within a reasonable distance, which is defined as within 30 minutes, from the participant's home or worksite*
- "unsuitability of informal child care":

*child care is unavailable or unsuitable if basic health and safety standards are not met*
- "affordable child care arrangements":

*child care is unavailable if costs exceed established maximum limits for the state-administered Child Care Assistance Program.*

**PART 5**  
**ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND**  
**AVAILABILITY OF CHILD CARE**

**5.1 Quality Earmarks and Set-Asides**

- 5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; describes the expected results of the activities and, if the activities have been ongoing, the actual results of the activities. *For the infant and toddler earmark, the State must note in its description of the activities, what is the maximum age of a child who may be served with such earmarked funds (not to exceed 36 months).*

Infants and toddlers:

*Separate higher maximum rates may be paid for the care of infants and toddlers (children under age 3) if the child care provider charges a higher rate for those children.*

*A multi-agency team of the National Infant Toddler Child Care Initiative was convened to develop strategies for the dissemination and implementation of the Louisiana Early Learning Guidelines and Program Standards Birth through Three. These Early Learning Guidelines and Program Standards were developed to guide practice and policy in child care centers and family child day care homes. Copies of the Early Learning Guidelines and Program Standards and of the Standards for Programs serving Four-year olds were mailed to every child care center. Additionally, the DSS Training Projects offer training for child care providers in the use of the Early Learning Guidelines.*

*A statewide training contract focuses specifically on the developmental needs and care for infants and toddlers. The Program for Infant Toddler Caregivers (PITC) and other specialized training is provided by Excellence for Children.*

*Infant toddler experts participated in the development of the QRS and are included in the development of ongoing policies and programs of the agency.*

Resource and referral services:

*The nine DSS regions are served by five CCR&R Agencies with offices in seven regions. Each agency provides consumer education and referrals to child care, training of child care providers, and technical assistance to child care providers. Each agency has also engaged in provider training and planning on emergency preparedness at the local and state level. The agencies are: Children's Coalition of Northeast Louisiana, Excellence for Children, Volunteers of America, Agenda for Children and Northwestern State University Child and Family Network.*

*All CCR&R Agencies also collect data from child care providers (center based, school program providers, family child day care home providers and in-home providers) and in 2006, upgraded to NACCRRAware, a software data collection system designed by the National Association of Child Care Resource & Referral Agencies specifically to support planning and parent choice in identifying suitable and available child care. A statewide data team has identified common data elements and definitions for data collection and reporting. This team will set data priorities and compliance goals.*

*CCR&R Agencies are primary partners in the development of the QRS being implemented during 2007. Through training and technical assistance to centers, CCR&R Agencies assist child care providers in understanding the QRS and improving the quality of their services.*

*CCR&R Agencies participated in training from the Center for Social Emotional Foundations of Early Learning (CSEFEL). One anticipated outcome is to develop expertise and provider training related to social emotional development and challenging behaviors. This expertise would support providers and help them connect with mental health consultants providing a continuum of support to providers and parents.*

*A state network was funded to coordinate the services of the regional CCR&R Agencies. LACCRRRA has provided training to regional agencies on: NACCRRAware, disaster preparedness, and technical assistance. The network office has engaged in extensive work to support the quality rating system, to support NACCRRAware implementation and reporting, and to develop collaborative relationships with regional CCR&R Agencies.*

*The goal of these activities is to create a comprehensive CCR&R Agency system in Louisiana that provides accurate and timely data related to child care supply and demand, provides families with*

*information they can use and appropriate referrals, and supports providers to improve the quality of their services.*

School-age child care:

- 5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds) during the 1-year period: October 1, 2007 through September 30, 2008:

\$ 5,332,120 (4.0 %)

- 5.1.3 **Check** each activity the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))



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Activity	Check if undertaking/will undertake	Name and type of entity providing activity	Check if this entity is a non-governmental entity?
Comprehensive consumer education	<input checked="" type="checkbox"/>	CCR&R	<input checked="" type="checkbox"/> *
Grants or loans to providers to assist in meeting State and local standards	<input checked="" type="checkbox"/>	DSS	<input type="checkbox"/>
Monitoring compliance with licensing and regulatory requirements	<input checked="" type="checkbox"/>	DSS	<input type="checkbox"/>
Professional development, including training, education, and technical assistance	<input checked="" type="checkbox"/>	CCR&R and universities	<input checked="" type="checkbox"/> *
Improving salaries and other compensation for child care providers	<input checked="" type="checkbox"/>	BrightStart Initiative	<input checked="" type="checkbox"/> *
Activities in support of early language, literacy, pre-reading, and early math concepts development	<input checked="" type="checkbox"/>	CCR&R	<input checked="" type="checkbox"/> *
Activities to promote inclusive child care	<input checked="" type="checkbox"/>	CCR&R and DHH OCDD	<input checked="" type="checkbox"/> *
Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	<input checked="" type="checkbox"/>	Tulane Institute and DSS	<input checked="" type="checkbox"/>
Activities that increase parental choice	<input type="checkbox"/>		<input type="checkbox"/>
Other activities that improve the quality of child care (describe below).	<input checked="" type="checkbox"/>	CCR&R, universities, DSS & consultants	<input checked="" type="checkbox"/> *
Other activities that improve the availability of child care (describe below).	<input type="checkbox"/>		<input type="checkbox"/>
(§98.51(a)(1) and (2))			

*\*Includes both governmental and non-governmental entities*

*Comprehensive Consumer Education - CCR&R agencies provide ongoing education, training and resources to parents, businesses and interested citizens. Information related to quality rating and specific indicators will be disseminated through child care referrals and community outreach events. The NACCRRRA Quality Assurance Best Practice Standards will be used to assess CCR&R consumer education services.*

Grants to providers to assist in meeting state and local standards –  
*Repair and Improvement Grants are offered to either licensed or registered providers or to those who have applied to become licensed or registered to assist them in meeting state or local licensing and safety standards or to improve the quality of child care services. These grants are limited to providers caring for CCAP children.*

Monitoring compliance with licensing and regulatory requirements - The **Child Care Licensing and Regulatory Section** oversees the statewide licensing program of 1,732 child care facilities, enforcing licensing standards and regulations for Class A child care facilities in order to protect the health, safety, and well being of children who are in out-of-home care on a regular or consistent basis. The Centralized Provider Directory registers Family Child Day Care Home providers, school programs, and In-Home providers for participation in CCAP in accordance with established policy.

Professional development including training, education and technical assistance - Through training contracts with CCR&R agencies and universities, DSS will provide ongoing training for child care providers. The implementation of a QRS is expected to increase demand for college credit hours and the Child Development Associate (CDA) credential. DSS will work with the Louisiana Community and Technical College system and universities to increase access including online access. Another component of the professional development support is a scholarship program that provides tuition costs to help child care providers receive formal education. Scholarships are also available to support child care providers in obtaining the CDA and other child care professional national credentials.

Technical assistance is available to child care providers to improve quality and as the implementation of the QRS continues, will be measured by the gain in quality rating of child care centers. Technical assistance is also available to Family Child Day Care Home providers to provide support in child development, literacy and understanding of CCAP procedures.

Improving salaries and other compensation for child care providers - A tax credit for child care center owners and employees was passed and enacted in the 2007 Louisiana Legislative session. Contributions by employers will also be recognized through a tax credit. Parents who use higher-rated child care will also receive a tax credit. DSS will track the usage

*of the tax credits by child care center owners, providers, families, and businesses.*

*Activities supporting early language, literacy, pre-reading and early math concepts - Training on the comprehensive Louisiana Early Learning Guidelines and Program Standards Birth Through Three and Standards for Programs Serving Four Year Olds is required as part of the QRS at higher star levels. Programs are expected to document their use in lesson planning. These tools will also be linked to all training provided through funded training projects. Provider awareness of the Early Learning Guidelines and Program Standards will be measured by pre/post test results.*

*Activities promoting inclusive child care - DSS contracts with other agencies to provide training and technical assistance to support child care providers in serving children with special needs. The effectiveness of these services and their correlation to the use of the special needs incentive rate offered through the CCAP is being studied.*

*Activities promoting social emotional development of children- At higher levels, the QRS requires training on social emotional development of children and use of a screening tool. Mental health consultation is offered to child care centers as a supporting service for centers participating in the QRS. Child Care Health Consultants also provide information and training to child care providers in many areas of the state. The evaluation plan is described in section 5.1.4.*

*Activities improving quality of child care - The QRS, a voluntary five-star system, will continue to support child care centers, through training, technical assistance, Environment Rating Scale assessments and bonus payments for child care centers participating in the CCAP. The Tulane Institute for Infant and Early Childhood Mental Health will conduct the evaluation of the QRS, as described in section 5.1.4.*

- 5.1.4 For each activity checked, **describe** the expected results of the activity. If you have conducted an evaluation of this activity, **describe the results**. If you have not conducted an evaluation, **describe** how you will evaluate the activities.

*DSS has contracted with Tulane University to conduct an evaluation of the QRS. Specifically, this will focus on the Environment Rating Scales (ERS), the mental health consultation program, and the access to quality child care.*

*All of the data collected in the ERS assessments will be uploaded into an ERS Data System. The ERS data may be analyzed by specific indicators, subscales, or overall scores. Of particular interest will be analysis of the social-emotional subscale, which Louisiana has created for use in the QRS<sup>3</sup>. Analyses can also be conducted to assess change over time in several areas including but not limited to inter-rater reliability on individual scale items, changes in center scores, and scoring trends across different regions. In addition to the monthly reports, an annual report will be produced. This report will detail the total number of classrooms observed, average scores by state and region, subscale scores and comparisons of scores over time for centers that have completed at least two ERS assessments. Recommendations will be provided to address areas that consistently produce the lowest scores on specific ERS indicators or subscales, as well as conclusions that can be drawn based on any trends that are observed in the data. Specific attention in the annual report will be given to understanding the impact of the new social-emotional subscale and whether or not the star ratings that have been earned to date have been impacted, positively or negatively, based on the use of this subscale.*

*On-going evaluation of the effectiveness of the model of mental health consultation will be an important component of providing this support for the QRS. As only a few research studies have been completed demonstrating the effectiveness of mental health consultation, there is much to be learned about providing mental health consultation. By establishing a method for assessing mental health consultation prior to beginning the consultation itself, Louisiana is poised to greatly add to the mental health consultation knowledge base. Several methods will be employed to fully capture center staff's interactions with the children, their own feelings of self-efficacy (i.e., confidence in their ability to positively influence the children in their care), and caregivers' views on the benefits of consultation. All feedback will be used to better meet the needs of the child care center and to make changes and improvements to the overall consultation model. An annual report will be completed by the Institute to outline what changes have been observed within and across centers based on teacher self-efficacy, how they are meeting the social-emotional needs of the children, satisfaction with the mental health consultant, and any impact on ERS scores.*

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<sup>3</sup> The Social-Emotional Subscale of the ERS is derived by combining the subscales for Listening and Talking, Interaction, and Program Structure in the ITERS-R and Language/Reasoning, Interaction and Program Structure in the ECERS-R.

*The final component of the evaluation will address the important question of access to quality child care. This will include a breakdown of the quality rating achieved by centers across the state, region, and parish. Detailed analyses will be provided documenting the level of care provided to children in the CCAP. As the QRS is intended to improve the quality of child care for all children in Louisiana, the report will address the number of children served at each star level and make recommendations for increasing access to higher quality care.*

## **5.2 Good Start, Grow Smart Planning and Development**

This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and early math concepts and a plan for the education and training of child care providers. The third component of the President's *Good Start, Grow Smart* initiative, planning for coordination across at least four early childhood programs and funding streams, was addressed in Section 2.1.2.

- 5.2.1 **Status of Voluntary Early Learning Guidelines.** Indicate which of the following best describes the current status of the State's efforts to develop, implement, or revise research-based early learning guidelines (content standards) for three to five year-olds.  
**NOTE: Check only one box to best describe the status of your State's three-to-five-year-old guidelines.**

- ☐ **Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: \_\_\_\_\_
- ☐ **Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: \_\_\_\_\_
- ☐ **Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as **Attachment 5.2.1**.
- ☒ **Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as *Attachment 5.2.1 (Part I and II)*.

☐ **Revising.** The State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as *Attachment 5.2.1*.

☐ **Other (describe):**

**Describe** the progress made by the State in developing, implementing, or revising early learning guidelines since the date of submission of the 2006-2007 State Plan.

*Infant Toddler training is offered statewide to train child care providers on the use of the Early Learning Guidelines and Program Standards (ELG/PS) for Infants and Toddlers. The ELG/PS are a component of the QRS and training on the use of the early learning guidelines will be a required component of the QRS. At higher levels, child care centers will be required to demonstrate the use of the guidelines.*

If developed, are the guidelines aligned with K-12 content standards or other standards (e.g., Head Start Child Outcomes, State Performance Standards)?

☒ Yes. If yes, **name standards**.

*Head Start program standards and ECERS-R*

☐ No.

If developed, are the guidelines aligned with early childhood curricula?

☐ Yes. If yes, **describe**.

☒ No.

Have guidelines been developed for children in the following age groups (check if guidelines have been developed):

☒ Birth to three. Guidelines are included as Attachment 5.2.1 (Part I)

☒ Birth to five. Guidelines are included as Attachment 5.2.1 (Part II)

☐ Five years or older. Guidelines are included as Attachment 5.2.1

Efforts to develop early learning guidelines for children that may differ from those addressed in *Good Start, Grow Smart* (i.e., children birth to three or older than five) may be described here.

*As an outcome of participating with the [National Infant Toddler Initiative](#), Louisiana developed the ELG/PS for Infants and Toddlers. Copies of the ELG/PS have been mailed to all child care centers and training is offered through the training projects to support childcare centers in implementing the ELG/PS. Louisiana is also participating in the Zero to Three Quality Rating Systems Learning Community to fully integrate the Louisiana ELG/PS into the Louisiana QRS.*

If any of your guidelines are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan): click on the website below or copy the following link:

(<http://www.doe.state.la.us/lde/saa/1874.html>)

[Louisiana Standards for Programs Serving Four-Year-Old Children](#)

- 5.2.2 **Domains of Voluntary Early Learning Guidelines.** Do the guidelines for children three-to-five-years-old address language, literacy, pre-reading, and early math concepts?

☒ Yes.

☐ No.

Do the guidelines for children three-to-five-years-old address domains not specifically included in *Good Start, Grow Smart*, such as social/emotional, cognitive, physical, health, creative arts, or other domains?

☒ Yes. If yes, **describe**.

*Social and Emotional Development, Cognitive Math, Cognitive Science, Cognitive Social Studies, Creative Development, Health and Physical Development.*

☐ No.

- 5.2.3 **Implementation of Voluntary Early Learning Guidelines.** **Indicate** the strategies the State used or expects to use in **implementing** its early learning guidelines.

**Check all that apply:**

☒ Disseminating materials to practitioners and families

- ☒ Developing training curricula
- ☒ Partnering with other training entities to deliver training
- ☒ Aligning early learning guidelines with licensing, core competencies, and/or quality rating systems
- ☐ Other. Describe:

<b>Indicate</b> the stakeholders that are (or expect to be) actively supporting the implementation of early learning guidelines.	<b>Indicate</b> the programs that mandate or require the use of early learning guidelines.
<input checked="" type="checkbox"/> Publicly funded (or subsidized) child care	<input type="checkbox"/> Publicly funded (or subsidized) child care
<input type="checkbox"/> Head Start	<input type="checkbox"/> Head Start
<input checked="" type="checkbox"/> Education/Public pre-k	<input checked="" type="checkbox"/> Education/Public pre-k
<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Early Intervention
<input checked="" type="checkbox"/> Child Care Resource and Referral	<input checked="" type="checkbox"/> Child Care Resource and Referral
<input checked="" type="checkbox"/> Higher Education	<input type="checkbox"/> Higher Education
<input type="checkbox"/> Parent Associations	<input type="checkbox"/> Parent Associations
<input checked="" type="checkbox"/> Other. Describe: <i>Professional Organizations: LA Association for the Education of Young Children</i>	<input type="checkbox"/> Other. Describe:

How are (or will) cultural, linguistic and individual variations (be) acknowledged in implementation?

*Relationship-based individualized practices are encouraged for all children in all training and discussion of the ELG/PS.*

How are (or will) the diversity of child care settings (be) acknowledged in implementation?

*Training will support the implementation of ELG/PS in child care centers and Family Child Day Care Homes based on individualized practices in all settings.*

Materials developed to support implementation of the guidelines are included as *Attachment 5.2.3*. If these are available on the web, provide the appropriate Web site address:

*N/A*



- 5.2.4 **Assessment of Voluntary Early Learning Guidelines.** As applicable, **describe** the State's plan for:  
Validating the content of the early learning guidelines;  
Assessing the effectiveness and/or implementation of the guidelines;  
Assessing the progress of children using measures aligned with the guidelines;  
Aligning the guidelines with accountability initiatives

*There is currently no assessment for the Early Learning Guidelines and Program Standards for Infants and Toddlers (birth to three-year-olds). Assessment of the effectiveness of the Louisiana Standards for Programs serving 4 year olds and the accompanying grade level expectations is performed by the Department of Education by testing, observation and portfolio assessment in programs funded by DOE. Program quality is determined through the use of the Early Childhood Environment Rating Scale Revised (ECERS-R).*

*At higher levels, the Quality Rating System requires training on both the Early Learning Guidelines and Program Standards and the Standards for Programs Serving Four Year Old Children for participating child care centers.*

Written reports of these efforts are included as *Attachment 5.2.4*. If these are available on the web, provide the appropriate Web site address (reports must still be attached to Plan):

<http://www.doe.state.la.us/lde/uploads/11141.pdf>

- 5.2.5 **State Plans for Professional Development.** **Indicate** which of the following best describes the current status of the State's efforts to develop a professional development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education. **NOTE: Check ONLY ONE box to best describe the status of your State's professional development plan.**

☐

**Planning.** **Indicate** whether steps are under way to develop a plan. If so, describe the entities involved in the planning process, time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.

☒

**Developing.** A plan is being drafted. The draft or planning documents are included as *Attachment 5.2.5*.

*DSS currently contracts with Northwestern State University Child and Family Network to administer the Louisiana Pathways Child Care Career Development System. Louisianan Pathways is designed to improve the quality of child care in Louisiana and consists of a Training Registry, a Scholarship Program, and Career Ladders for caregivers, administrators, and Trainers. Entities involved in the planning process include DSS, the BrightStart Initiative, the **Child Care Licensing and Regulatory Section**, contracted training projects, Child Care Resource & Referral Agencies, QRS Steering Committee, Louisiana Community and Technical Colleges, Department of Education and Head Start agencies. Using needs identified in the development of the QRS and the BrightStart Initiative, DSS will convene a committee to draft a state plan to provide a framework for uniting the efforts underway within the broader early care and education community. The plan will be developed and implemented as a part of the policies and procedures in conjunction with the QRS.*

*Discussions have begun between the various entities outlined in the paragraph above. DSS is convening a Professional Development Advisory Committee to guide the further development of the state professional development plan. The Committee will include representatives from the entities identified above.*

- ☐ **Developed.** A plan has been written but has not yet been implemented. The plan is included as *Attachment 5.2.5*.
- ☐ **Implementing.** A plan has been written and is now in the process of being implemented, or has been implemented. The plan is included as *Attachment 5.2.5*.
- ☐ **Revising.** The State previously developed a professional development plan and is now revising that plan, or has revised it since submitting the 06-07 State Plan. The revisions or the revised plan are included as *Attachment 5.2.5*.
- ☐ **Other (describe):**

**Describe** the progress made by the State in planning, developing, implementing, or revising the professional development plan since the date of submission of the 2006-2007 State Plan.

If your State has developed a plan for professional development, does the plan include (**Check EITHER yes or no for each item**):

	Yes	No
Specific goals or desired outcomes	<input type="checkbox"/>	<input type="checkbox"/>
A link to Early Learning Guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Continuum of training and education to form a career path	<input type="checkbox"/>	<input type="checkbox"/>
Articulation from one type of training to the next	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of trainers	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of training content	<input type="checkbox"/>	<input type="checkbox"/>
A system to track practitioners' training	<input type="checkbox"/>	<input type="checkbox"/>
Assessment or evaluation of training effectiveness	<input type="checkbox"/>	<input type="checkbox"/>
State Credentials – State for which roles (e.g. infant and toddler credential, directors' credential, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Specialized strategies to reach family, friend and neighbor caregivers	<input type="checkbox"/>	<input type="checkbox"/>

For each **Yes** response, **reference** the page(s) in the plan and briefly **describe**.

For each **No** response, **indicate** any plans the Lead Agency has to incorporate these components.

Are the professional development opportunities described in the plan available:

**Note: Check either yes or no for each item):**

	Yes	No
Statewide	<input type="checkbox"/>	<input type="checkbox"/>
To Center-based Child Care Providers	<input type="checkbox"/>	<input type="checkbox"/>
To Group Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
To Family Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
To In-Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>

**Describe** how the plan addresses early language, literacy, pre-reading, and early math concepts development.

**See 5.1.3**

Are program or provider-level incentives offered to encourage provider training and education?

- ☒ Yes. If yes, **describe**, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.

*A variety of scholarships are offered to child care providers to support career development in meeting the qualifications for the QRS.*

- ☐ No. If no, **describe** any plans to offer incentives to encourage provider training and education, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts?

As applicable, does the State assess the effectiveness of its professional development plan, including the achievement of any specified goals or desired outcomes?

- ☐ Yes. If yes, **describe** how the professional development plan's effectiveness/goal is assessed.
- ☒ No. If no, **describe** any plans to include assessments of the professional development plan's effectiveness/goal achievement.

*The development of the plan will include a mechanism for evaluation and assessment of specific initiatives and outcomes.*

Does the State assess the effectiveness of specific professional development initiatives or components?

- ☐ Yes. If yes, **describe** how specific professional development initiatives or components' effectiveness is assessed.
- ☒ No. If no, **describe** any plans to include assessments of specific professional development initiatives or components' effectiveness.

*The development of the plan will include a mechanism for evaluation and assessment of specific initiatives and outcomes.*

As applicable, does (or will) the State use assessment to help shape or revise its professional development plan?

- ☒ Yes. If yes, **describe** how assessment informs the professional development plan.

*The first stage of the BrightStart (SECCS) Initiative was a comprehensive Needs Assessment of Louisiana's young children. Section IV of this assessment was dedicated to Early Care and Education/Child Care. The Needs Assessment was the basis for the goals and strategies set forth in BrightStart's Strategic and Implementaiton Plans, many of which address professional development of child care providers. These Plans, as well as, other needs identified through the development of the QRS, have laid the groundwork for the Professional Development Advisory Committee and its work on a state plan.*

- ☐ No. If no, **describe** any plans to include assessment to inform the professional development plan.

**PART 6**  
**HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS**

*(Only the 50 States and the District of Columbia complete Part 6.)*

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

**6.1 Health and Safety Requirements for Center-Based Providers**  
(658E(c)(2)(F), §§98.41, §98.16(j))

6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation?

- ☐ Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.
- ☒ No. If no, **describe** which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

*Public and non-public schools which operate pre-kindergarten, before-and-after school care programs, and summer programs. The State Board of Elementary and Secondary Education (BESE) governs the operation of public schools and non-public schools must be in compliance with Brumfield vs. Dodd.*

6.1.2 Have center licensing requirements as they relate to staff-child ratios, group size, or staff training been modified since approval of the last State Plan? (§98.41(a)(2)&(3))

- ☐ Yes. If yes, **describe** the changes.
- ☒ No.

6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

*Public and non-public schools are mandated by DOE to provide pertinent health services and screening that are essential for the promotion of health and for the protection of the children and staff. The principal at each school is responsible for checking student records to ensure that immunization requirements are enforced.*

- Building and physical premises safety

*DOE mandates that annual health and safety inspections be conducted at each public and non-public school facility to assess compliance with Federal, State, and local regulations. The site and building must include adequate physical facilities and custodial services to safeguard the health and safety of the students. Facilities and grounds must be kept clean through regular preventive and corrective maintenance. A designated safety officer at each school is charged with the supervision of safe practice in the storage, use, and distribution of all chemicals. A redistribution plan for any unsafe substances must be kept on file in the office of each school, with an inventory of remaining chemicals maintained on site and at the local fire chief's office.*

- Health and safety training

*BESE requires pertinent health and safety training for school personnel, such as the following:*

- *Instruction in the principal modes by which communicable diseases, including HIV infection, are spread and the best methods for prevention of these diseases.*
- *Proper procedures for handling blood and body fluids.*
- *Proper procedures for administration, storage, and disposal of medications, including controlled substances.*
- *Child CPR procedures and other emergency procedures.*
- *Recognition of the signs of child abuse.*
- *Each school is also required to employ a certified school nurse.*

**6.2 Health and Safety Requirements for Group Home Providers**  
(658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- ☐ Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.
- ☐ No. If no, **describe** which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

- ☐ Yes. If yes, **describe** the changes.
- ☐ No.

6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training



**6.3 Health and Safety Requirements for Family Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- ☐ Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.
- ☒ No. If no, **describe** which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.

*FCDCH providers are not required to be licensed. State law requires that all FCDCH providers that receive state or federal funds must be registered.*

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

- ☐ Yes. If yes, **describe** the changes.
- ☒ No.

6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

*FCDCH providers must be inspected and approved annually by the Office of State Fire Marshal to assure that they meet minimum standards of sanitation to help prevent and control infectious diseases. See Attachment 6.3.3. FCDCH providers certify on their request for registration that they have received all appropriate immunizations. See Attachment 6.3.3A*

- Building and physical premises safety

*The Department of Public Safety, Office of the State Fire Marshal, makes an inspection of the home. A checklist is used in the inspection to assure that building and physical premises safety standards are met. See Attachment 6.3.3. FCDCH providers are required to certify that they will cooperate with the State Fire Marshal inspectors who come to their homes to conduct the fire safety inspection. See Attachment 6.3.3A.*

- Health and safety training

*DSS issues training materials on health and safety topics in a format that can be understood and used by FCDCH providers. FCDCH providers are required to attend training available through contracts funded by DSS. FCDCH providers are required to provide proof of current certification in **Infant/Child/Adult** Cardiopulmonary Resuscitation (CPR) and **Pediatric First Aid** training at registration and at every renewal. FCDCH providers are required to have criminal background checks completed on all adults living at the provider's residence or employed by the provider and working in the provider's home or on the provider's home property, including the provider, at registration and at every renewal. FCDCH providers are required to report any new persons 18 or older who move into the provider's home or who begin working in the provider's home or on the provider's home property. A criminal background check must be done on these persons.*

*FCDCH providers are required to furnish verification of 12 clock-hours of training in job-related subject areas approved by DSS, which includes a one-time orientation training, by the provider's renewal date.*

*FCDCH providers must retain a statement of good health signed by a physician or his designee, which must have been obtained within the past three years and be obtained every three years thereafter.*

#### **6.4 Health and Safety Requirements for In-Home Providers** (658E(c)(2)(F), §§98.41, 98.16(j))

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above?

☐ Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.

- ☒ No. If no, **describe** which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

*In-Home providers are not required to be licensed. In-Home child care providers are certified by DSS.*

- 6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☐ Yes. If yes, **describe** the changes.

☒ No.

- 6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

*In-Home providers are required to perform a self-inspection of the home in which care will be provided using the same standards utilized by the Office of State Fire Marshal for a FCDCH. The In-Home provider certifies on the inspection form that they have received all age-appropriate immunizations. See Attachment 6.4.3*

- Building and physical premises safety

*By their signature on the inspection form, the In-Home provider assures, to the best of their ability, that they will maintain a clean and safe environment for the child(ren) in their care. The checklist must be signed and returned to the agency before payment can begin.*

- Health and safety training

*In-Home child care providers are required to submit verification of current certification in Infant/Child/Adult CPR and **Pediatric First Aid** training at certification and at every renewal. In-Home providers are required to have a criminal background check completed. In-Home providers are encouraged to attend training offered through contracts funded by DSS.*

## **6.5 Exemptions to Health and Safety Requirements**

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A)) Indicate the Lead Agency's policy regarding these relative providers:

- ☒ **All** relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☐ **All** relative providers are **exempt** from all health and safety requirements.
- ☐ **Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those requirements and identifies the relatives they apply to:

## **6.6 Enforcement of Health and Safety Requirements**

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
  - ☐ Yes. If yes, **indicate** which providers are subject to routine unannounced visits and the frequency of those visits:
  - ☒ No.
- Are child care providers subject to background checks?
  - ☒ Yes. If yes, **indicate** which types of providers are subject to background checks and when such checks are conducted:

*Class A centers – each paid and non-paid staff person prior to employment, therapeutic professionals and extracurricular personnel such as computer instructor,*

*dance instructor, librarian, etc. prior to being present in the center.*

*School-based child care programs – all persons employed; teachers, substitute teachers, bus drivers, substitute bus drivers, janitors, any employee who might reasonably be expected to be placed in a position of supervisory or disciplinary authority over children at the time of employment.*

*Family Child Day Care Home providers – the provider and all adults living at the provider's residence or employed by the provider in the provider's home or on the provider's home property, at registration and at every renewal of registration.*

*In-Home providers – In-Home child care providers are required to have a criminal background check for initial certification and at every renewal.*

☐

No.

- Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

☒

Yes. If yes, **describe** the State's reporting requirements and how such injuries are tracked (if applicable):

*Class A providers must notify the **Child Care Licensing and Regulatory Section** and document within 24 hours of the next workday of any death of a child while in care at the center, any serious illness or injury requiring hospitalization or professional medical attention other than first aid of a child while in care at the center. Other types of child care providers are not required to report such injuries.*

☐

No.

- Other methods used to ensure that health and safety requirements are effectively enforced:

Licensed Class A Facility

*Licensed Class A Centers are terminated as CCAP providers:*

- *if the Agency receives information that a condition or situation exists that places the lives, health, safety, or physical, mental, or emotional well-being of any child entrusted to the provider's care in imminent danger, regardless if such condition or situation results from an act or from omission by the provider. If the Agency receives a validated report from the Office of Community Services of abuse or neglect occurring at the provider's facility or while in the provider's care, or, if the Agency has other actual knowledge of abuse or neglect occurring at the provider's facility or while in the provider's care, the provider may be terminated or the Agency may establish corrective action(s) for the provider to remedy the condition or situation described in the validated report. If the provider fails to timely complete all corrective actions prescribed by the Agency, the provider is terminated.*
- *if the provider has violated the terms of the Provider Agreement.*

*The Director shall ensure that the center has procedures for emergencies and evacuation as appropriate for the area in which the center is located and that staff is trained in these procedures.*

*The Director shall report any cases or suspected cases of notifiable communicable diseases to the local Office of Public Health.*

*The entire center shall be checked after the last child departs to ensure that no child is left unattended at the center.*

*Documentation shall include date, time, and signature of staff conducting the visual check and shall be reviewed and signed/initialed by the Director.*

Family Child Day Care Home Providers

*FCDCH providers are terminated as eligible CCAP providers at the close of business on the first working day after receiving verification:*

- *if the Agency receives information that a condition or situation exists that places the lives, health, safety, or physical, mental, or emotional well-being of any child entrusted to the provider's*

*care in imminent danger, regardless if such condition or situation results from an act or from omission by the provider. If the Agency receives a validated report from the Office of Community Services of abuse or neglect occurring at the provider's home or while in the provider's care, or, if the Agency has other actual knowledge of abuse or neglect occurring at the provider's home or while in the provider's care, the provider's eligibility as a CCAP provider may be terminated or the Agency may establish corrective action(s) for the provider to remedy the condition or situation described in the validated report. If the provider fails to timely complete all corrective actions prescribed by the Agency, the provider's eligibility as a CCAP provider is terminated.*

- *if the Family Child Day Care Home provider is caring for more than six children, including all children under age 13 or age 13 through 17 if disabled, living in the provider's home regardless of relationship to the provider.*
- *if the provider has violated the terms of the Provider agreement.*

#### Public and Non-public Schools

*Public and non-public schools are terminated as CCAP providers:*

- *if the Agency receives information that a condition or situation exists that places the lives, health, safety, or physical, mental, or emotional well-being of any child entrusted to the provider's care in imminent danger, regardless if such condition or situation results from an act or from omission by the provider. If the Agency receives a validated report from the Office of Community Services of abuse or neglect occurring at the provider's facility or while in the provider's care, or, if the Agency has other actual knowledge of abuse or neglect occurring at the provider's facility or while in the provider's care, the provider's eligibility as a CCAP provider may be terminated or the Agency may establish corrective action(s) for the provider to remedy the condition or situation described in the validated report. If the provider fails to timely complete all corrective actions prescribed by the Agency, the provider's eligibility as a CCAP provider is terminated.*
- *if the provider has violated the terms of the Provider agreement.*

*In-Home Providers*

*In-Home providers are terminated as CCAP providers:*

- *if the Agency receives information that a condition or situation exists that places the lives, health, safety, or physical, mental, or emotional well-being of any child entrusted to the provider's care in imminent danger, regardless if such condition or situation results from an act or from omission by the provider. If the Agency receives a validated report from the Office of Community Services of abuse or neglect occurring while in the provider's care, or, if the Agency has other actual knowledge of abuse or neglect occurring while in the provider's care, the provider's eligibility as a CCAP provider may be terminated or the Agency may establish corrective action(s) for the provider to remedy the condition or situation described in the validated report. If the provider fails to timely complete all corrective actions prescribed by the Agency, the provider's eligibility as a CCAP provider is terminated.*
- *if the provider has violated the terms of the Provider agreement.*

**6.7 Exemptions from Immunization Requirements**

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- ☐ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☐ Children who receive care in their own homes.
- ☒ Children whose parents object to immunization on religious grounds.
- ☒ Children whose medical condition contraindicates immunization.



**PART 7**  
**HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES**

*(Only the Territories complete Part 7)*

**7.1 Health and Safety Requirements for Center-Based Providers in the Territories** (658E(c)(2)(F), §98.41(a), §98.16(j))

For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

**7.2 Health and Safety Requirements for Group Home Providers in the Territories** (658E(c)(2)(F), §98.41(a), §98.16(j))

For all group home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

**7.3 Health and Safety Requirements for Family Providers in the Territories** (658E(c)(2)(F), §98.41(a), §98.16(j))

For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

- Building and physical premises safety
- Health and safety training

#### **7.4 Health and Safety Requirements for In-Home Providers in the Territories** (658E(c)(2)(F), §98.41(a), §98.16(j))

For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

#### **7.5 Exemptions to Territorial Health and Safety Requirements**

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- ☐ **All** relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☐ **All** relative providers are **exempt** from all health and safety requirements.
- ☐ **Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

#### **7.6 Enforcement of Territorial Health and Safety Requirements**

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements.

(658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how Territorial health and safety requirements are effectively enforced: Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

☐ Yes. If yes, **indicate** which providers are subject to routine unannounced visits and the frequency of those visits:

☐ No.

Are child care providers subject to background checks?

☐ Yes. If yes, **indicate** which types of providers are subject to background checks and when such checks are conducted:

☐ No.

Does the Territory require that child care providers report serious injuries that occur while a child is in care? ( Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

☐ Yes. If yes, **describe** the Territory's reporting requirements and how such injuries are tracked (if applicable):

☐ No.

Other methods used to ensure that health and safety requirements are effectively enforced:

## **7.7 Exemptions from Territorial Immunization Requirements**

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

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- ☐ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☐ Children who receive care in their own homes.
- ☐ Children whose parents object to immunization on religious grounds.
- ☐ Children whose medical condition contraindicates immunization.

**APPENDIX 1**  
**PROGRAM ASSURANCES AND CERTIFICATIONS**

The Lead Agency, named in Part 1 of this Plan, assures that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 109-149)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents

unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))

- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

## APPENDIX 2

### ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and priority for CCDF-funded child care services, lead agencies must **define** the following *italicized* terms. (658P, 658E(c)(3)(B))

- *attending* (a job training or educational program; include minimum hours if applicable)  
  
*present at the training site for job training or educational programs for a minimum average of 25 hours per week.*
- *in loco parentis* -  
  
*an individual who is responsible for the care, supervision, and financial support of a child residing with the individual more than half of the time, if the child's parent is not living in the home .*
- *job training and educational program* -  
  
*job training: pre-employment vocational training in technical job skills, and knowledge of a specific occupational area, that is offered by a public employer, an agency approved private employer or a facility or institution.*  
  
*educational program: a structured program of education designed to prepare a person to qualify for a high school equivalency certificate (GED) or high-school diploma, post-secondary education, or an online or correspondence course that is offered by a facility or institution.*
- *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) -  
  
*physically, mentally, or emotionally incapable of caring for oneself as verified by a physician or licensed psychologist, or by receipt of SSI (applies to children age 13 through 17).*
- *protective services* -  
  
*those services offered on behalf of individuals under 13 years of age who are in danger, or threatened with danger, of abuse, neglect or exploitation, or are without proper custody or guardianship; and need for such services has been determined by the state agency charged with responsibility for the provision of abuse/neglect complaint investigations. Only children in protective care are eligible for respite care. The State considers children in foster care to be in protective services.*

- *residing with -*

*customarily residing more than half of the time with the parent or guardian who is applying for Child Care Assistance. A child is considered to be residing with a parent or guardian during scheduled absences lasting up to six weeks, if there are definite plans for the child to return to live with that parent or guardian.*

- *special needs child -*

*a child through age 17 who, because of a mental, physical, or emotional handicap, requires specialized facilities, lower staff ratio, and/or specially trained staff to meet his or her developmental and physical needs, as verified by a physician or licensed psychologist.*

- *very low income -*

*families with income at or below the poverty level. (see table in section 3.3.1)*

- *working (include minimum hours if applicable) -*

*employed an average of twenty-five hours or more per week and paid at least at the federal minimum hourly wage, except for those receiving cash assistance, or looking for employment for an average of twenty-five hours or more per week (limited to four months per state fiscal year).*

- Additional terminology related to conditions of eligibility or priority established by the Lead Agency:

*Strategies to Empower People (STEP) Program - The STEP Program provides recipients of TANF/FITAP with job preparation, work and supportive services to enable them to leave the program and become self-sufficient.*

*TANF families - those families with dependent children who are eligible for cash assistance grants administered by the Office of Family Support, Family Independence Temporary Assistance Program (FITAP).*



Attachment 2.1.1, Page 1

Letter to Child Care Providers dated August 2006

STATE PLAN FOR CCDF SERVICES  
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State of Louisiana  
Department of Social Services

KATHLEEN BABINEAUX BLANCO  
GOVERNOR

OFFICE OF FAMILY SUPPORT  
CHILD CARE AND EARLY CHILDHOOD EDUCATION  
PROVIDER DIRECTORY  
438 MAIN STREET  
BATON ROUGE, LOUISIANA 70801  
PHONE (225) 342-9109 FAX (225) 342-9111

ANN SILVERBERG WILLIAMSON  
SECRETARY

August 9, 2006

Dear Child Care Provider:

Hurricane season has begun, so the Department of Social Services, Office of Family Support would like to advise you of actions that may be taken to help ensure the safety of all children being cared for by eligible Child Care Assistance Program (CCAP) providers in the event of a hurricane or other similar disaster. If such a disaster occurs and produces widespread evacuation and extensive property damage, it may become necessary to suspend your CCAP case registration or certification without advance notice. A notice will be sent to the last address we have for you at the time of the suspension.

If such a disaster occurs, you should contact the OFS Provider Directory Unit toll-free at **1-800-680-9098** as soon as possible after the event to determine if your Family Child Day Care Home or In-Home Provider registration or certification has been suspended. If suspension has occurred, you will be given instructions on how to reinstate your CCAP eligibility. If suspension has occurred but the OFS Provider Directory does not hear from you, your case may be closed, resulting in loss of CCAP payments.

**NOTE:** The OFS Provider Directory will be moving effective 8/28/06. The new address will be 1885 Wooddale Blvd., Suite 102, Baton Rouge, LA 70806. The toll-free number listed above will remain the same. Due to this move, there may be times that Provider Directory will be without telephone and computer services. You may call the toll-free number during this time to leave a message, which will be returned as promptly as possible.

If there are any questions in regards to this letter, you may contact the OFS Provider Directory at 1-800-680-9098.

Sincerely,

A handwritten signature in cursive script that reads "Sherry S. Guarisco".

Sherry S. Guarisco, Director  
Division of Child Care and Early Childhood Education

VISIT OUR WEBSITE @ <http://www.dss.state.la.us>  
"AN EQUAL OPPORTUNITY EMPLOYER"

Attachment 2.1.1, Page 2

Emergency Preparedness Information

Emergency Preparedness Information Notice Distributed to all  
providers participating in the Child Care Assistance Program  
August 2007

Hurricane season has begun. In the event that a hurricane or other similar disaster occurs and produces widespread evacuation and extensive property damage, action may need to be taken to help ensure the safety of all children being cared for by licensed, registered, and certified providers. If a disaster occurs and you are in one of the AFFECTED PARISHES, it may be necessary to suspend your license, provider registration, or certification WITHOUT NOTICE until your facility or home can be verified as safe to provide child care. This would be accomplished by a required Fire Marshal inspection or other agency-mandated procedure to ensure the safety of children in care and your license or provider registration or certification would remain suspended until your facility or home is verified to be safe. If such a disaster occurs, child care centers should contact Licensing at (225) 342-9905 and all other providers should contact the OFS Provider Directory toll free at 1-800-680-9098 as soon as possible once the hurricane or event has passed for instructions on how to reinstate your license and/or Child Care Assistance Program (CCAP) eligibility. If you do not contact Licensing or OFS Provider Directory after a disaster, it may result in closure of your license/case or loss of CCAP payments. Child care centers should check the Department of Social Services (DSS) website for additional information and instructions for their facility in the event of a disaster that affects their area.

Attachment 2.1.2

To access Attachment 2.1.2, *BRIGHTSTART: The Early Childhood Comprehensive System, Strategic Plan for Louisiana*, copy and paste the link below:

<http://www.dss.state.la.us/Documents/OFS/Brightstart.pdf>

Attachment 2.2

*Comments at Public Hearing from Louisiana Association for Child Care Resource and Referral Agencies -- Gail Kelso, Coordinator*

Is there any mention of the Strengthening Families initiative or supporting early care and education providers to understand their role in preventing child abuse and neglect through family support?

For Consideration: Increase the quality of Infant Toddler and Twos care in child care programs and family child care homes through the development of a system of Infant Toddler Specialists.

Given that Head Start and LA4 and other preschool programs in private and public schools have reduced the number of four year old children in child care, more programs have opened spaces for infants, toddlers and two year olds in family child care homes and child care centers.

While a differential reimbursement rate is part of the Department of Social Services Office of Family Support strategy to improve child care for infants and toddlers, we request that the Department do more.

In other states highly qualified Infant Toddler (IT) Specialists are recruited and trained to operate out of child care resource and referral (CRR&R) agencies in each region. These Specialists provide highly specialized training on such topics as infant growth and development, attachment and responsive care giving, language and literacy for infants and toddlers, and working with parents of very young children. These Specialists also serve to refer children who are having difficulty with separation or behaviors to the system of infant mental health providers. They also serve to coordinate with local efforts around infant and toddler care and other agencies such as the Child Care Health Consultants and IDEA Part C providers.

Regional IT Specialists are supported by a statewide coordinator located in the Child Care Resource and Referral State Network. The coordinator is responsible for continued training and coordination of services throughout the state.

Given the important social emotional, language, and cognitive development that takes place during the infant and toddler years, it is imperative that the State of Louisiana and the Department of Social Services provide additional support to those who care for our youngest resource.


### Attachment 3.1.1

To access Attachment 3.1.1, CCAP 7, Child Care Assistance Certificate, on the web copy and paste the following link:

<http://stellent:8080/LADSS/getContent?mimeType=application%2Fpdf&docName=068880&rendition=web&noSaveAs=true&id=74047>

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Attachment 3.2.A

	<b>Agency Name</b>		Office of Family Support (OFS)			
	<b>Chapter No./Name</b>		08 - Child Care Assistance Program (CCAP) Manual			
	<b>Part No./Name</b>		D. Payment Process			
	<b>Section No./Name</b>		D-100 Payment Process			
	<b>Document No./Name</b>		D-130 Authorized Rate (LI-CC and STEP-CC)			
	<b>Dates</b>	<b>Issue</b>	April 1, 2008	<b>Effective</b>	April 1, 2008	

The maximum rates payable to providers, are based on the provider type as shown below:

Separate maximum daily rates apply for regular care (3 years and up) and for the care of infants and toddlers (children under age 3). Infant/Toddler rates are allowable through the end of the month of the child's third birthday.

Provider Type	Regular Care	Regular Care For Infants/Toddlers (Under Age 3)	Special Needs Care Incentive	Special Needs Care Incentive for Infants/Toddlers (Under Age 3)
Class A	\$17.50	\$18.50	\$21.65	\$22.65
Class E	\$15.00	\$16.00	\$18.50	\$19.50
Class R	\$15.00	\$16.00	\$18.50	\$19.50
Class U	\$14.50	\$15.50	\$17.90	\$18.90

Note: To qualify for incentive payments for special needs care for a child up to age 18, form [CCAP 3SN](#) must be completed by a physician or licensed psychologist to show what type of special care is needed. The Child Care Assistance Program eligible provider must verify that they are providing that special care. This special needs care includes but is not limited to specialized facilities/equipment, lower staff ratio, and specially trained staff.

The payment rate shall be authorized as follows, and documented on the Payment Worksheet (CCAP 5P) for all children.

- For full-time care, the daily rate shall be the lesser of:
  - the daily rate verified on the current form [CCAP 7](#), or
  - the provider's daily rate entered in the TIPS Provider Directory (Screen 303).
- For part-time care, the hourly rate shall be the lesser of:
  - the hourly rate verified on the current form [CCAP 7](#), or
  - the provider's daily rate divided by 8 entered in the TIPS Provider Directory (Screen 303).

Note: Only a daily rate can be entered on CAPS. When authorizing part-time care the hourly rate must be multiplied by 8 and entered as the CERT RATE on the CAPS Payment Authorization Screen.

Attachment 3.2.A, Page 2

If the provider does not give a daily rate on the certificate, use one of the following formulas for obtaining the daily rate:

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Full-Time Care

- Weekly rate – Divide the weekly rate by 5. Example: \$75.00 per week divided by 5 days = \$15.00 per day.
- Bi-weekly rate – Divide the bi-weekly rate by 2 to get the weekly rate, divide the weekly rate by 5 to get the daily rate. Example: \$200.00 bi-weekly divided by 2 = \$100.00 weekly divided by 5 days = \$20 per day.
- Twice Monthly rate – Multiply the amount charged by 2 to get the monthly rate, divide the monthly rate by 22 to get the daily rate. Example: \$250.00 per month divided by 22 days = \$11.36 per day.

Part-Time Care

- Weekly rate – Divide the weekly rate by the number of hours care is provided per week to get the hourly rate, and multiply the hourly rate by 8 to get the daily rate. Example: \$30.00 per week divided by 20 hours = \$1.50 per hour x 8 hours = \$12.00 per day.
- Bi-weekly rate – Divide the bi-weekly rate by 2 to get the weekly rate, divide the weekly rate by the number of hours care is provided per week to get the hourly rate and multiply the hourly rate by 8 hours to get the daily rate. Example: \$65.00 every two weeks; 25 hours per week; \$65.00 divided by 2 = \$32.50 per week divided by 25 hours per week = \$1.30 per hour X 8 hours = \$10.40 per day.
- Twice monthly – Multiply the amount charged by 2 to get the monthly rate, divide the monthly rate by 4.333 to get the weekly rate, and proceed as above using the weekly rate. Example: \$65.00 twice a month, 25 hours per week: \$65.00 x 2 = \$130.00 per month divided by 4.333 = \$30.00 per day, divided by 25 hours per week = \$1.20 per hour x 8 hours = \$9.60 per day.
- Monthly rate – Divide the monthly rate by 4.333 to get the weekly rate, and proceed as above using the weekly rate. Example: \$100.00 per month, 16 hours per week; \$100.00 divided by 4.333 = \$23.07 per week divided by 16 hours per week = \$1.44 per hour x 8 hours = \$11.52 per day.



*Attachment 3.2B Part I*

*2007 Market Rate Survey – Louisiana*

***The 2007 Market Rate Survey is the survey currently used for CCDF Plan purposes.  
To access the 2007 Market Rate Survey copy and paste the following:***

<http://www.dss.state.la.us/Documents/OFS/2007MarketRateSurvey.pdf>


Attachment 3.3.2

*Definition of Income*

*Income is defined as the gross earnings of the head of household, that person's legal spouse or non-legal spouse, and any minor unmarried parent who is not legally emancipated and whose children are in need of Child Care Assistance, and recurring unearned income of the following types for all household members: Social Security Administration benefits, Supplemental Security Income, Veterans Administration benefits, retirement benefits, disability benefits, child support/alimony, unemployment compensation benefits, adoption subsidy payments, and worker's compensation benefits.*

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Attachment 3.5.1

	<b>Agency Name</b>	Office of Family Support (OFS)			
	<b>Chapter No./Name</b>	08 - Child Care Assistance Program (CCAP) Manual			
	<b>Part No./Name</b>	J. Sliding Fee Scale (LI-CC)			
	<b>Section No./Name</b>	J-100 Sliding Fee Scale (LI-CC)			
	<b>Document No./Name</b>	J-110 Sliding Fee Scale (LI-CC)			
	<b>Dates</b>	<b>Issue</b>	May 1, 2008	<b>Effective</b>	May 1, 2008

STEP participants are categorically eligible. The child care costs charged by the provider are paid at 100%, not to exceed the state maximum rate.

The agency pays a certain percentage of authorized low-income child care costs that are charged by the provider. The sliding fee scale below is used to determine the percentage that the agency will pay, based on the household's monthly income and the household size. The provider must charge the participant no more and no less than the amount shown on the certificate if the provider wishes to remain an eligible CCAP provider. The difference between the amount that the agency pays and the total amount charged by the provider must be paid by the participant in the form of a co-payment. The provider is responsible for collecting this co-payment.

No. in HH	2	3	4	5	Agency%
	0-1167	0-1467	0-1767	0-2067	80%
	1168-1773	1468-2202	1768-2632	2068-3062	60%
	1774-2378	2203-2937	2633-3497	3063-4056	40%
	ABOVE 2378	ABOVE 2937	ABOVE 3497	ABOVE 4056	0%
No. in HH	6	7	8	9	Agency%
	0-2367	0-2667	0-2967	0-3267	80%
	2368-3492	2668-3694	2968-3897	3268-4099	60%
	3493-4616	3695-4721	3898-4826	4100-4931	40%
	ABOVE 4616	ABOVE 4721	ABOVE 4826	ABOVE 4931	0%
No. in HH	10	11	12	13	Agency%
	0-3567	0-3867	0-4167	0-4467	80%
	3568-4301	3868-4504	4168-4706	4468-4909	60%
	4302-5035	4505-5140	4707-5245	4910-5350	40%
	ABOVE 5035	ABOVE 5140	ABOVE 5245	ABOVE 5350	0%
No. in HH	14	15	16	17	Agency%
	0-4767	0-5067	0-5367	0-5667	80%
	4768-5111	5068-5314	5368-5516	5668-5718	60%
	5112-5455	5315-5560	5517-5665	5719-5769	40%
	ABOVE 5455	ABOVE 5560	ABOVE 5665	ABOVE 5769	0%
No. in HH	18				Agency%
	0-5967				80%
					60%
					40%
					0%

*Attachment 4.1.1, Part I*

*Form CCAP 2 - Application for Child Care Assistance*

*To access the CCAP 2 on the web copy and paste the following:*

<http://stellent:8080/LADSS/getContent?mimeType=application%2Fpdf&docName=046870&rendition=web&noSaveAs=true&id=65869>

Attachment 4.1.1, Part II

*Form OFS 4APP, Application for Assistance*

*To access the OFS 4APP on the web copy and paste the following:*

<http://stellent:8080/LADSS/getContent?mimeType=application%2Fpdf&docName=053594&rendition=web&noSaveAs=true&id=61760>

*Attachment 5.2.1, Part I*

*Louisiana's Early Learning Guidelines and Program Standards: Birth through Three*

*To access Louisiana's Early Learning Guidelines and Program Standards: Birth through Three on the web copy and paste the following:*

<http://www.dss.state.la.us/Documents/OFS/LAEarlyLearningGuide.pdf>

*Attachment 5.2.1, Part II*

*The Louisiana Standards for Programs Serving Four-Year-Old Children*

*To access “The Louisiana Standards for Programs Serving Four-Year-Old Children” on the web copy and paste the following:*

<http://www.doe.state.la.us/lde/uploads/5381.doc>

*Attachment 5.2.3 – Part I - Materials developed to support implementation of the Voluntary Early Learning Guidelines.*

*Applying the Document to Your Practice*

*Available in hard copy only.*



*Attachment 5.2.3 – Part II - Materials developed to support implementation of the Voluntary Early Learning Guidelines.*

*Looking at the Document – ELG 1*

*Available in hard copy only.*

*Attachment 5.2.3 – Part III - Materials developed to support implementation of the Voluntary Early Learning Guidelines.*

*Applying the Document to Your Practice – ELG 2*

*Available in hard copy only.*

*Attachment 5.2.4*

*Report on the Assessment of Voluntary Early Learning Guidelines (LA 4/Starting Points).*

*To access the report on the web copy and paste the following:*

<http://www.doe.state.la.us/lde/uploads/11141.pdf>

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Attachment 5.2.5

*BrightStart Implementation Timeline*  
*Goals and Strategies related to Professional Development-Early Care and Education*

**Section I: Professional Development**

	<b>To Be Completed Year One</b>	<b>To Be Completed Year Two</b>	<b>To Be Completed Year Three</b>
Goal I. 3: Develop statewide trainings for early childhood providers in the social-emotional development of young children as well as the assessment and intervention principles appropriate to the type of provider and setting (e.g. early care and education, health, family services, child welfare).			
I. 3. b. Embed training on emotional, behavioral and social development of children and relationship based practices into all programs serving children birth through five (e.g., Early Head Start/Head Start, Part C-Early Steps, early care and education providers) with special emphasis on the birth to three population.	<b>X</b>	<b>X</b>	
Goal I. 6: Strengthen and support the continued development of a coordinated system of personnel preparation and ongoing professional development for early care and education providers and administrators.			
I. 6. a. Develop a continuum of training linked to the LA Early Learning Guidelines and Program Standards for Children Birth to Three and the LA Standards for Programs Serving Four Year Olds and tie this continuum to training required by licensing and the Louisiana Pathways Child Care Career Development System.		<b>X</b>	
I. 6. b. Develop core competencies that are age and position specific to guide required training.	<b>X</b>		
I. 6. c. Develop and maintain a comprehensive database of learning opportunities including training, educational and other professional development activities.	<b>X</b>		
I. 6. d. Encourage child care providers to earn at a minimum the Child Development Associate (CDA) credential relevant to their work setting (i.e. infant toddler, preschool or family child care).	<b>X</b>		

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*Attachment 5.2.5, Page 2*

	<b>To Be Completed</b>	<b>To Be Completed</b>	<b>To Be Completed</b>
I. 6. e. Improve professional development and higher education opportunities to support and enhance the Louisiana Pathways Child Care Career Development System paying particular attention to the barriers that inhibit advancement, specifically articulation with institutions of higher education.		<b>X</b>	
I. 6. f. Facilitate the communication and collaboration between early care and education professional organizations on professional development activities and opportunities.		<b>X</b>	
I. 6. g. Provide three hours of health and safety training through the Child Care Health Consultants Program at low cost, and at convenient times, to early care and education providers.	<b>X</b>		
I. 6. h. Train early care and education providers in how to work with families and how to involve families.	<b>X</b>	<b>X</b>	
I. 6 i. Provide information and training to early care and education providers regarding recognizing signs of child and family violence and how to refer when necessary.	<b>X</b>	<b>X</b>	
I. 6. j. Explore changes to child care licensing regulations to include minimum qualifications for all early care and education trainers who provide required training.	<b>X</b>		
I. 6. k. Develop with Child Care Licensing recommended changes to child care training requirements to include the requirement that both staff and directors receive yearly training in all areas of development (social-emotional, physical and cognitive), cultural diversity and inclusion of children with disabilities.	<b>X</b>		
I. 6 l. Develop training for child care directors in relationship-based management practices and reflective supervision.		<b>X</b>	
I. 6. m. Explore compensation strategies which reward early care and education providers who advance in the Louisiana Pathways Child Care Career Development System.	<b>X</b>		

*Attachment 6.3.3*

*Form CCAP 16B, Health and Safety Standards for Family Child Day Care Homes*

*To access the form CCAP 16B on the web copy and paste the following:*

<http://stellent:8080/LADSS/getContent?mimeType=application%2Fpdf&docName=046890&rendition=web&noSaveAs=true&id=66462>

*Attachment 6.3.3A*

*Form CCAP 16C, CCAP Application for Family Child Day Care Home Registration*

*To access the form CCAP 16C on the web copy and paste the following:*

<http://stellent:8080/LADSS/getContent?mimeType=application%2Fpdf&docName=046901&rendition=web&noSaveAs=true&id=47338>

*Attachment 6.4.3*

*Form CCAP 17B, Health And Safety Standards For In-Home Child Care Providers*

*To access form CCAP 17B on the web copy and paste the following:*

<http://stellent:8080/LADSS/getContent?mimeType=application%2Fword&docName=047009&rendition=primary&noSaveAs=true&id=47834>